

“EQUITY” ...in Alabama infant mortality:

a dream deferred

**Arthur R. James MD, FACOG
September 14, 2018**

“Vicissitudes” Artist, Jason DeCaires Taylor

What happens to a dream deferred?

Does it dry up

Like a raisin in the sun?

Or fester like a sore –

And then run?

Does it stink like rotten meat?

Or crust and sugar over

Like a syrupy sweet?

Maybe it just sags

Like a heavy load

Or does it explode?

Harlem

by Langston Hughes

Objectives:

By the end of this lecture I hope attendees will...

1. Appreciate how history and past discriminatory practices have contributed to racial disparities
2. Contribute to the understanding of Alabama's Black:White legacy regarding infant mortality goals.
3. Present evidence that suggest racial disparity is 'not natural", but man-made.
4. Discuss **STRUCTURAL** Determinants

Objectives:

5. Suggest the importance of taking a **STRUCTURAL** and **Social Determinants** approach to “undo” this disparity.
6. Understand “**Proportionate Universalism**” or “**Targeted Universalism**”
7.  2019

Disclosures:

I am a member of:

- **Secretary's Advisory Committee on Infant Mortality (SACIM)**
- **March of Dimes/Centers for Disease Control's Health Equity Work Group**
- **Centering HealthCare Institute, Inc. Board of Directors**
- **GABE Advisory Board**
- **Center for Excellence, University of Illinois @ Chicago,
School of Public Health**
- **Global Infant Safe Sleep Center (GISS)**

Conflict of Interest:

- I have no conflicts of interest

Infant Mortality:

Definition: The death of any live born baby prior to his/her first birthday.

“The most sensitive index we possess of social welfare . . . ”

Julia Lathrop, Children’s Bureau, 1913



Slide prepared by R. Fournier RN, BSN
State of Michigan FIMR Director

A close-up photograph of a tree trunk with a jagged hole in the bark, set against a dark background. The text is overlaid on the left side of the image.

“Infant mortality is a community mirror, reflecting our collective capacity to promote and protect the health and well-being of our very youngest and most vulnerable.”

(from City Lights, 9:2, p1)

Infant Mortality is:

Multi-factorial. Rates reflect a society's commitment to the provision of:

- 1. High quality health care**
- 2. *Adequate food and good nutrition**
- 3. *Safe and stable housing**
- 4. *A healthy psychological and physical environment**
- 5. *Sufficient income to prevent impoverishment**

*** = non-clinical measure**

SACIM, 1/2013

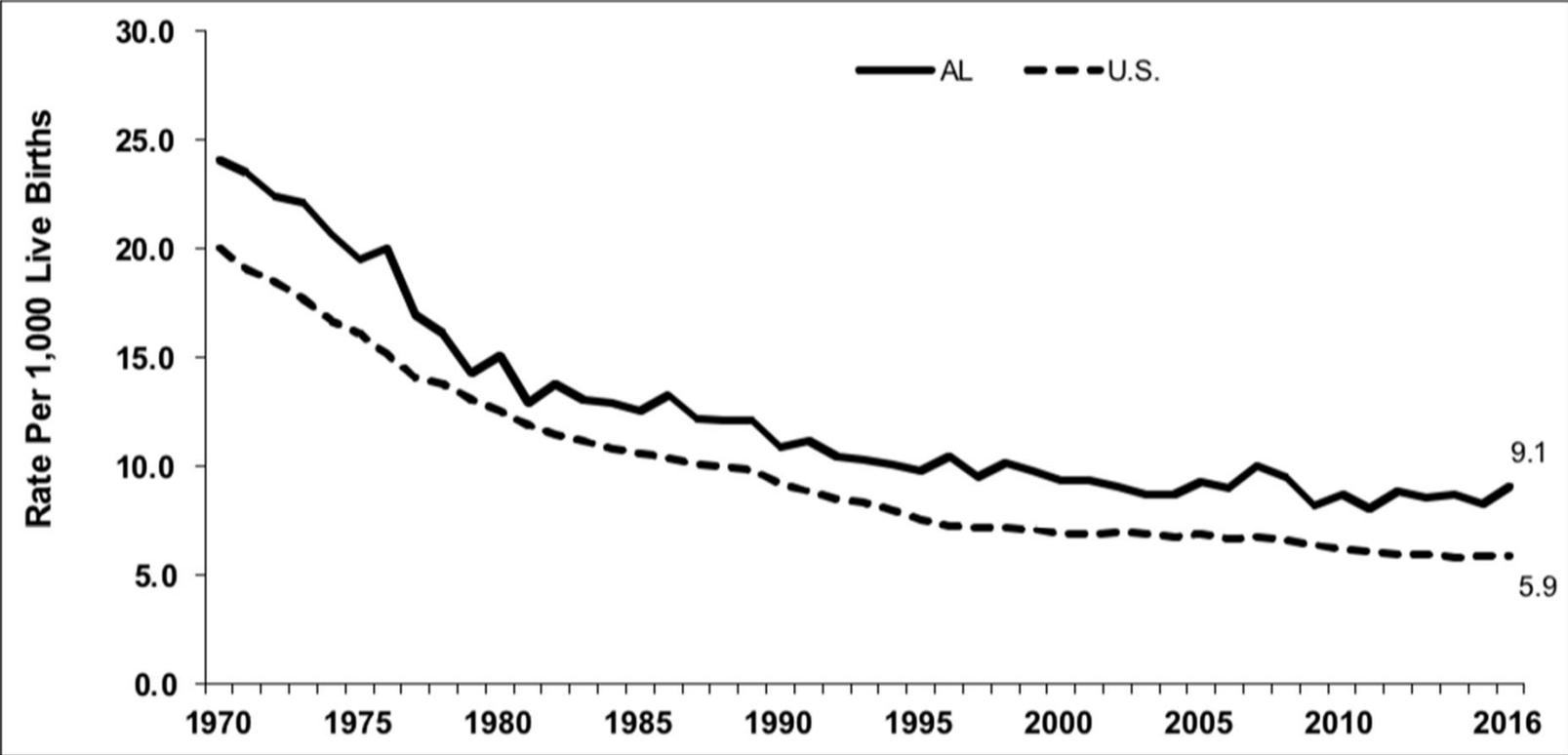
Infant Mortality is:

“As such, our ability to prevent infant deaths and to address long-standing disparities in infant mortality rates between population groups is a barometer of our society’s commitment to the health and well-being of all women, children and families.”

Alabama Infant Mortality Data:

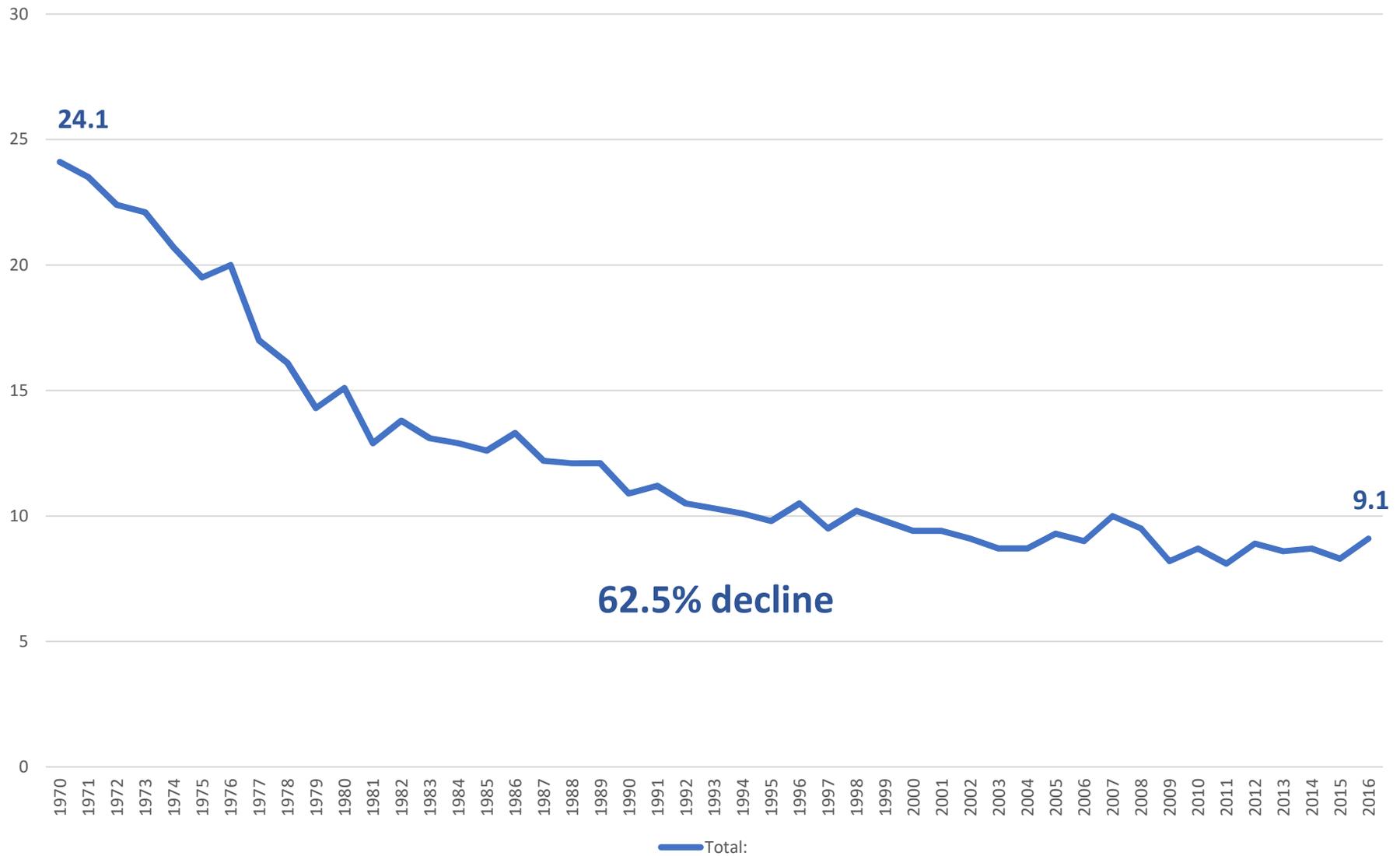
- **Overall IMR (over time)**
- **Infant Mortality ranking c/w other States**
- **Black:White Racial Disparity in IMR**

**FIGURE 11. INFANT MORTALITY RATES
ALABAMA AND UNITED STATES, 1970-2016**



Source: Alabama Vital Statistics, 2016

Alabama Total Infant Mortality Rate, 1970-2016:



Source: ADPH/Alabama Center for Health Statistics

Alabama's IMRs c/w Other States:

2010 State Infant Mortality Rates: (10 highest rates)

Total:		White:		Black:	
USA:	6.15	USA:	5.2	USA	11.63
MS	9.67	WV	7.08	IN	14.96
AL	8.71	RI	6.67	OH	14.78
TN	7.93	AR	6.66	WI	14.61
OH	7.71	IN	6.65	VA	14.27
DE	7.66	AL	6.63	MI	14.08
IN	7.62	MS	6.61	NV	13.83
LA	7.6	TN	6.55	MS	13.8
OK	7.59	KY	6.43	AL	13.66
SC	7.37	WY	6.37	IL	13.58
AR	7.32	DE	6.36	NE	13.4

2011 State Infant Mortality Rates: (10 highest rates)

Total:		White:		Black:	
USA:	6.07	USA:	5.12	USA:	11.51
MS	9.38	DE	7.66	OH	15.45
DE	8.71	IN	7.13	OK	14.93
LA	8.24	ME	6.76	WI	14.34
AL	8.21	WY	6.63	IA	13.85
OH	7.88	MS	6.6	KS	13.48
IN	7.69	WV	6.47	MO	13.45
SC	7.42	OH	6.39	MI	13.36
AR	7.39	RI	6.37	IL	13.14
TN	7.39	AR	6.22	MS	13.1
NC/OK	7.23	AL	6.16	AL	13.06

2012 State Infant Mortality Rates: (10 highest rates)

Total:		White:		Black:	
USA:	5.98	USA:	5.09	USA:	11.19
AL	8.95	NM	7.15	IA	16.04
MS	8.82	SD	6.86	DE	14.88
SD	8.67	WV	6.76	WI	14.49
LA	8.16	KY	6.69	AL	14.48
SC	7.63	AL	6.62	KS	14.27
DE	7.62	OK	6.44	IN	14.11
OK	7.54	ME	6.41	OH	13.5
OH	7.5	OH	6.3	OK	13.35
NC	7.39	RI	6.26	MI	13.25
TN	7.28	AR	6.02	IL	13.23

2013 State Infant Mortality Rates: (10 highest rates)

Total:		White:		Black:	
USA:	5.96	USA:	5.07	USA:	11.22
MS	9.65	MS	7.49	KS	18.2
LA	8.65	ME	7.2	WI	16.96
AL	8.61	WV	6.96	IN	15.8
AR	7.61	AL	6.95	OK	15.12
WV	7.59	RI	6.8	AZ	14.37
OH	7.33	AR	6.63	OH	13.63
IN	7.22	OH	6.07	LA	13.25
ME	7.04	KY	6.01	IL	13.11
MI	7.04	OK	5.98	MI	12.81
GA	6.94	IN	5.97	AL	12.66

2014 State Infant Mortality Rates: (10 highest rates)

Total:		White:		Black:	
USA:	5.82	USA:	4.93	USA:	11.05
AL	8.68	OK	6.98	AL	14.55
MS	8.24	WV	6.76	IN	14.34
AR	7.53	ME	6.59	OH	13.96
LA	7.49	KY	6.56	KS	13.24
GA	7.45	AR	6.55	OK	13.22
KY	7.09	WY	6.27	WI	12.69
IN	7.08	AL	6.09	AZ	12.67
NC	7.08	IN	6.05	KY	12.57
WV	7.04	IA	5.62	IL	12.54
OH	6.85	LA	5.62	MI	12.28

2015 State Infant Mortality Rates: (10 highest rates)

Total:		White:		Black:	
USA:	5.9	USA:	4.8	USA:	11.7
MS	9.3	WV	6.8	AL	15.2
DE	9	AR	6.7	OH	15.1
AL	8.3	DE	6.7	WI	15.1
GA	7.8	MS	6.7	OR	15
LA	7.7	ME	6.6	DE	13.4
AR	7.5	KY	6.5	OK	13.4
IN	7.3	ND	6.4	IN	13.1
NC	7.3	IN	6.2	MS	13
ND	7.2	TN	6.1	MI	12.8
OH	7.2	SD	5.9	AR	12.7
WV	7.2				

2016: Alabama IMRs relative to other States:

National Vital
Statistics Reports



Volume 67, Number 5

July 26, 2018

Deaths: Final Data for 2016

by Jiaquan Xu, M.D., Sherry L. Murphy, B.S., Kenneth D. Kochanek, M.A., Brigham Bastian, B.S., and Elizabeth Arias, Ph.D., Division of Vital Statistics

USA 2016 Infant Mortality Rates by State and by Race 10 Highest IMR for Total, White, Black, & Hispanic:

	Total:		White:		Black:		Hispanic:
USA:	5.87		4.8		11.76		5.24
AL	9.08	AR	7.28	WI	15.58	MI	9.22
MS	8.57	WV	7.04	OH	15.22	IN	8.73
AR	8.07	MS	6.91	AL	14.95	ID	8.58
LA	7.96	AL	6.4	NE	14.79	IA	8.06
DE	7.91	IN	6.37	PA	14.28	HI	7.59
GA	7.51	TN	6.35	KS	14.26	NM	7.48
IN	7.46	OK	6.1	IA	14.06	PA	7.43
OK	7.43	KY	5.97	IN	13.96	OK	7.42
OH	7.41	OH	5.8	KY	13.89	OH	7.28
TN	7.39	ID	5.69	OK	13.64	AL	7.21
NH	3.67	NJ	2.94	WA	6.9	NY	3.58

Source: National Vital Statistics Reports, Vol. 67, #5, July 26, 2018, Table #15

**So...Alabama ranks amongst
the worst States in the Nation
for keeping your babies
alive...and yet**

NCAA Division I FBS Football Rankings 2010 to curre

	2010	2011	2012	2013	2014	2015	2016	2017	2018*
1	Auburn	Alabama	Alabama	Florida State	Ohio State	Alabama	Clemson	Alabama	Alabama
2	TCU	LSU	Oregon	Auburn	Oregon	Clemson	Alabama	Georgia	Clemson
3	Oregon	Oklahoma St.	Ohio State	Michigan St	TCU	Stanford	USA	Oklahoma	Georgia
4	Stanford	Oregon	Notre Dame	S. Carolina	Alabama	Ohio State	Washington	Clemson	Ohio State
5	Ohio State	Arkansas	Georgia	Oklahoma	Florida State	Oklahoma	Oklahoma	Ohio State	Oklahoma
6	Oklahoma	USC	Texas A&M	Alabama	Michigan St	Michigan St	Ohio State	UCF (4)	Wisconsin
7	Wisconsin	Stanford	Stanford	Clemson	Baylor	TCU	Penn State	Wisconsin	Auburn
8	LSU	Boise State	S. Carolina	UCF	Georgia Tech	Houston	Florida State	Penn State	Notre Dame
9	Bose State	S. Carolina	Florida	Stanford	UCLA	Iowa	Wisconsin	TCU	Stanford
10	Alabama	Wisconsin	Florida State	Ohio State	Miss. State (22) Auburn	Ole Miss	Michigan (24) Auburn	Auburn	Washington

Source: Associated Press Rankings:
 * Ranking as of week of 9/10/2018

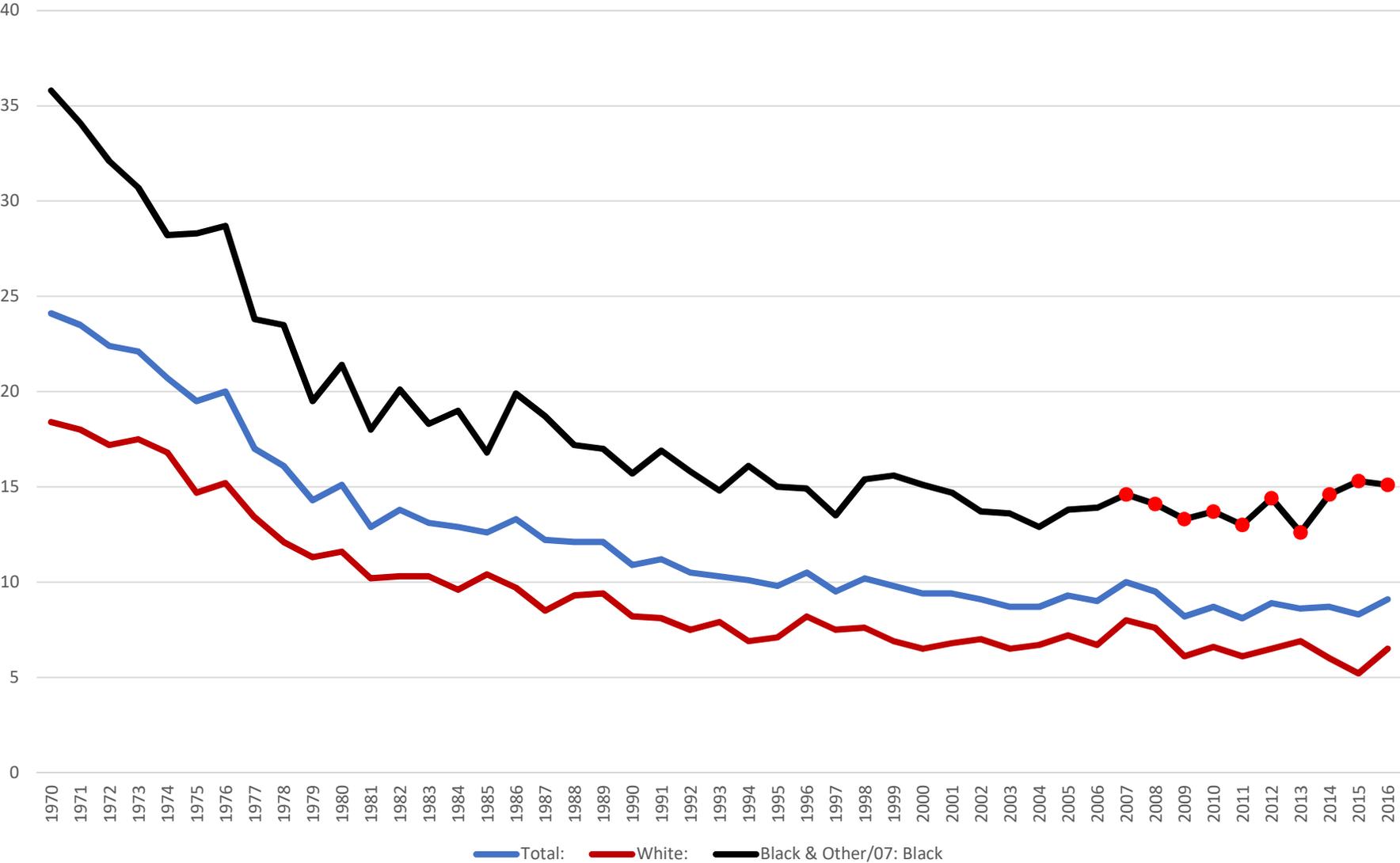
College football: at the top of the National rankings...

Keeping your babies alive...at the bottom of the National rankings...

**You would NEVER TOLERATE
your football teams ranking as
low as your Infant Mortality
Rates.**

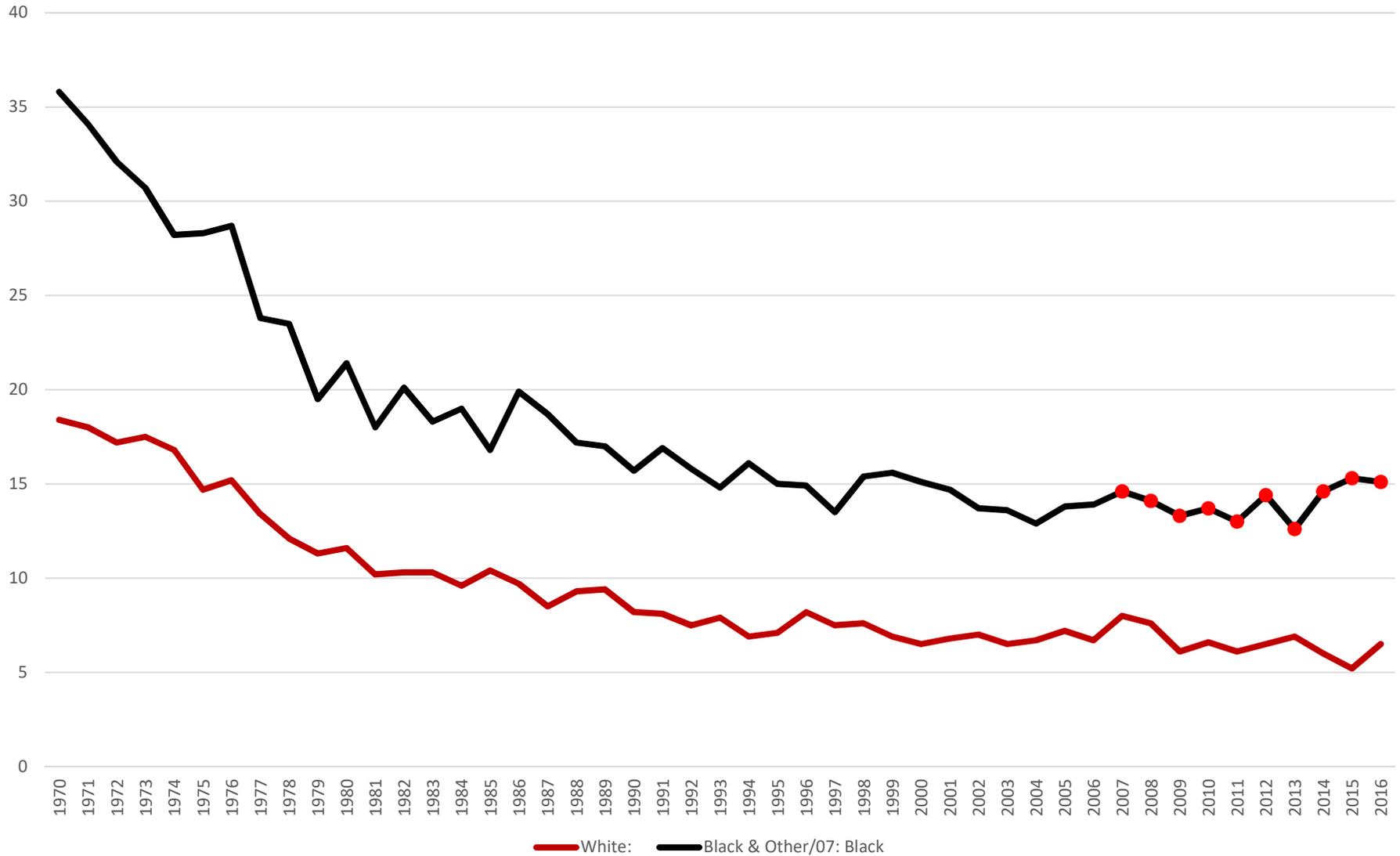
AL Racial Disparity in Infant Mortality:

Alabama Infant Mortality Rates: T, W & B, 1970-2016



Source: ADPH/Alabama Center for Health Statistics

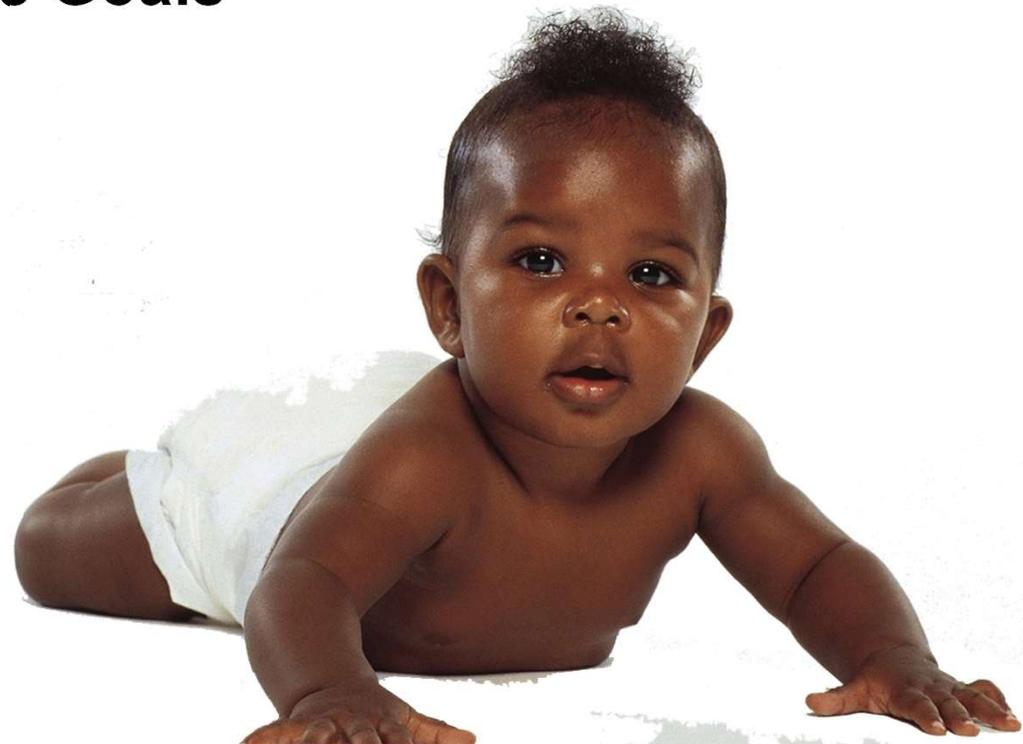
Alabama White, Black/Other Infant Mortality Rates, 1970-2016:



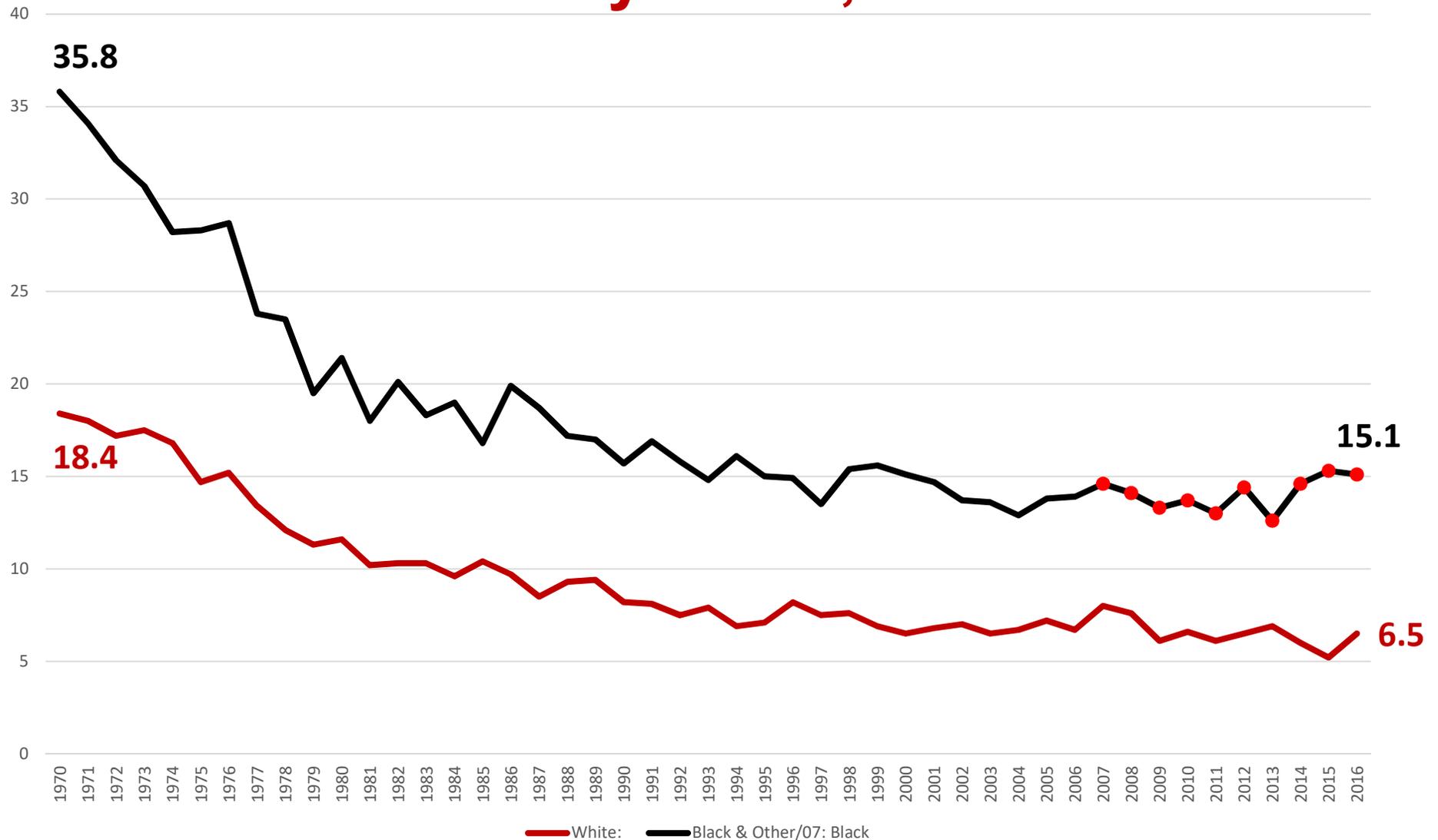
Source: ADPH/Alabama Center for Health Statistics

Black to White Racial Disparity in Infant Mortality:

1. **Disparity Ratio:** 2016 Black babies died at almost **2.3x** the rate of White babies
2. **Survival Time-lag** between black and white infants
3. **Healthy People:** Infant deaths in reference to Healthy People Goals

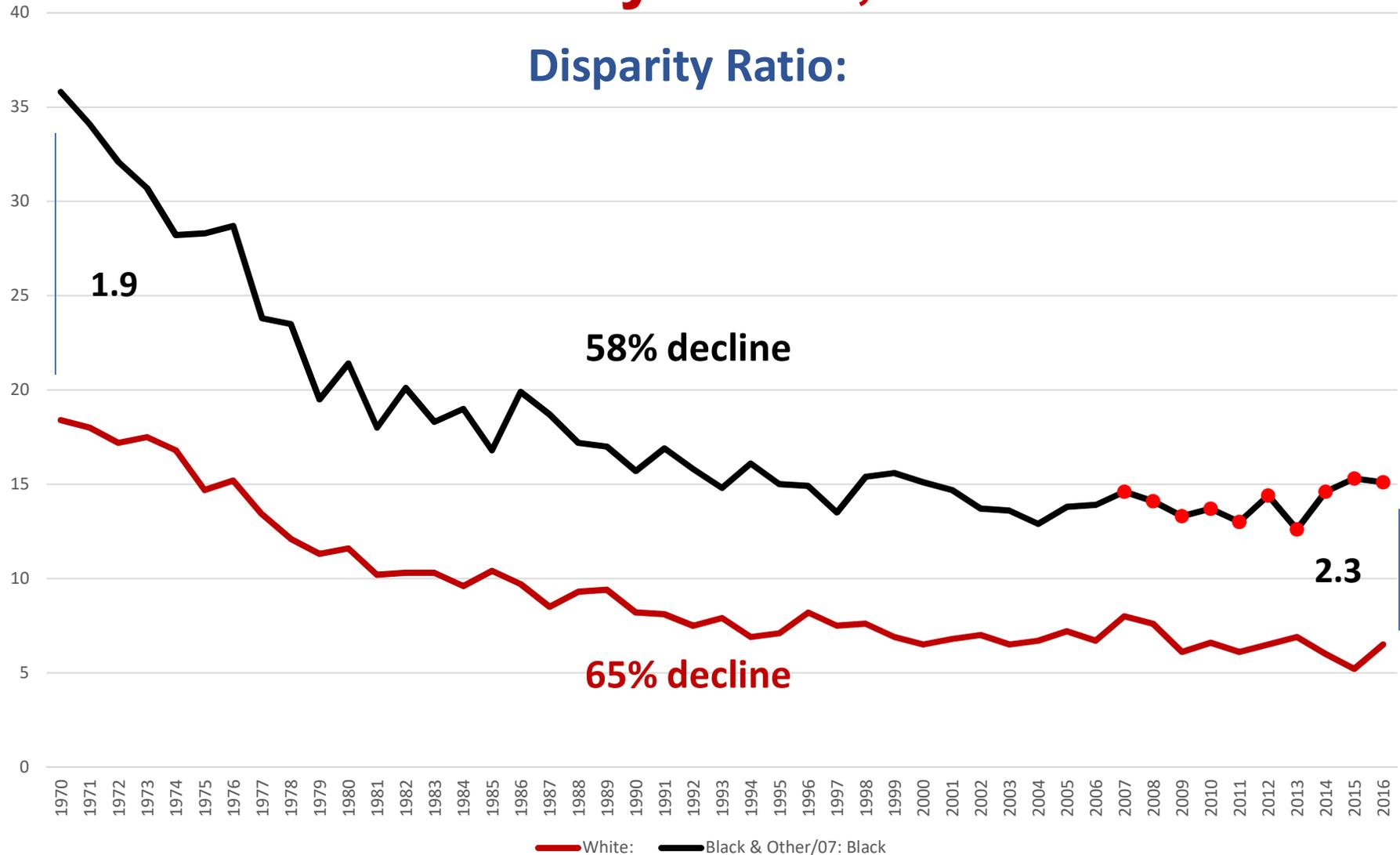


Alabama White, Black/Other Infant Mortality Rates, 1970-2016:



Source: ADPH/Alabama Center for Health Statistics

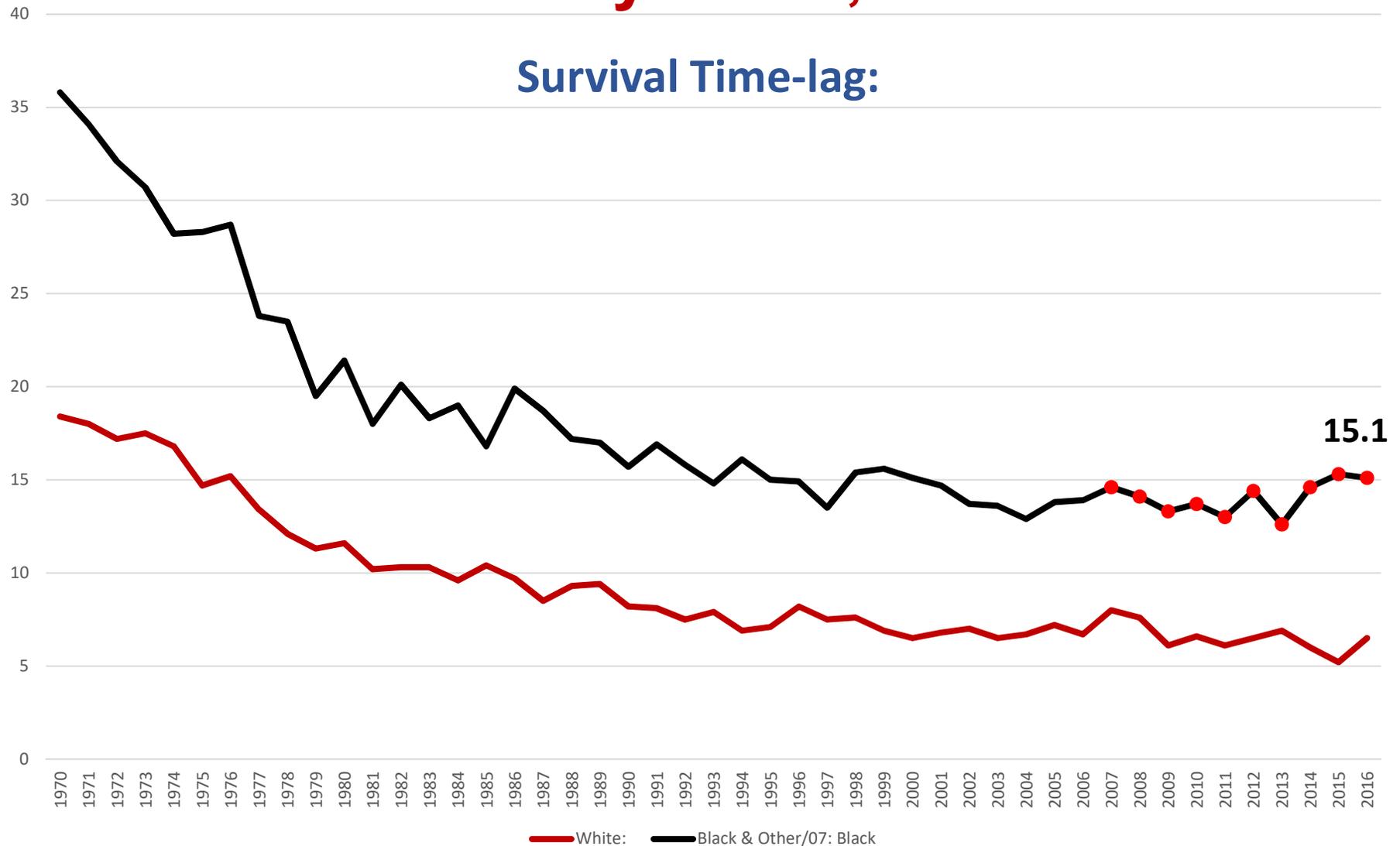
Alabama White, Black/Other Infant Mortality Rates, 1970-2016:



Source: ADPH/Alabama Center for Health Statistics

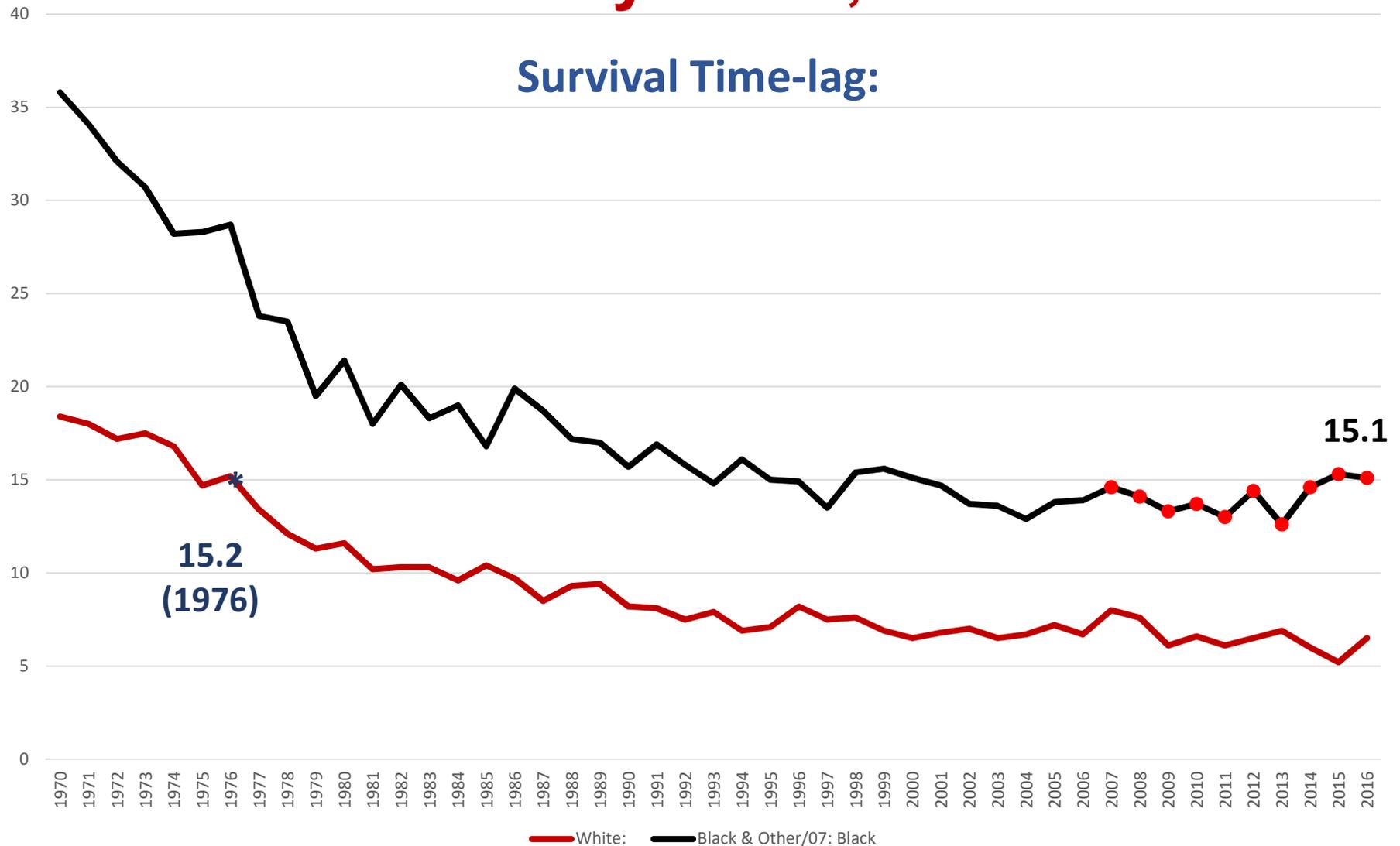
Survival Interval/Gap:

Alabama White, Black/Other Infant Mortality Rates, 1970-2016:



Source: ADPH/Alabama Center for Health Statistics

Alabama White, Black/Other Infant Mortality Rates, 1970-2016:

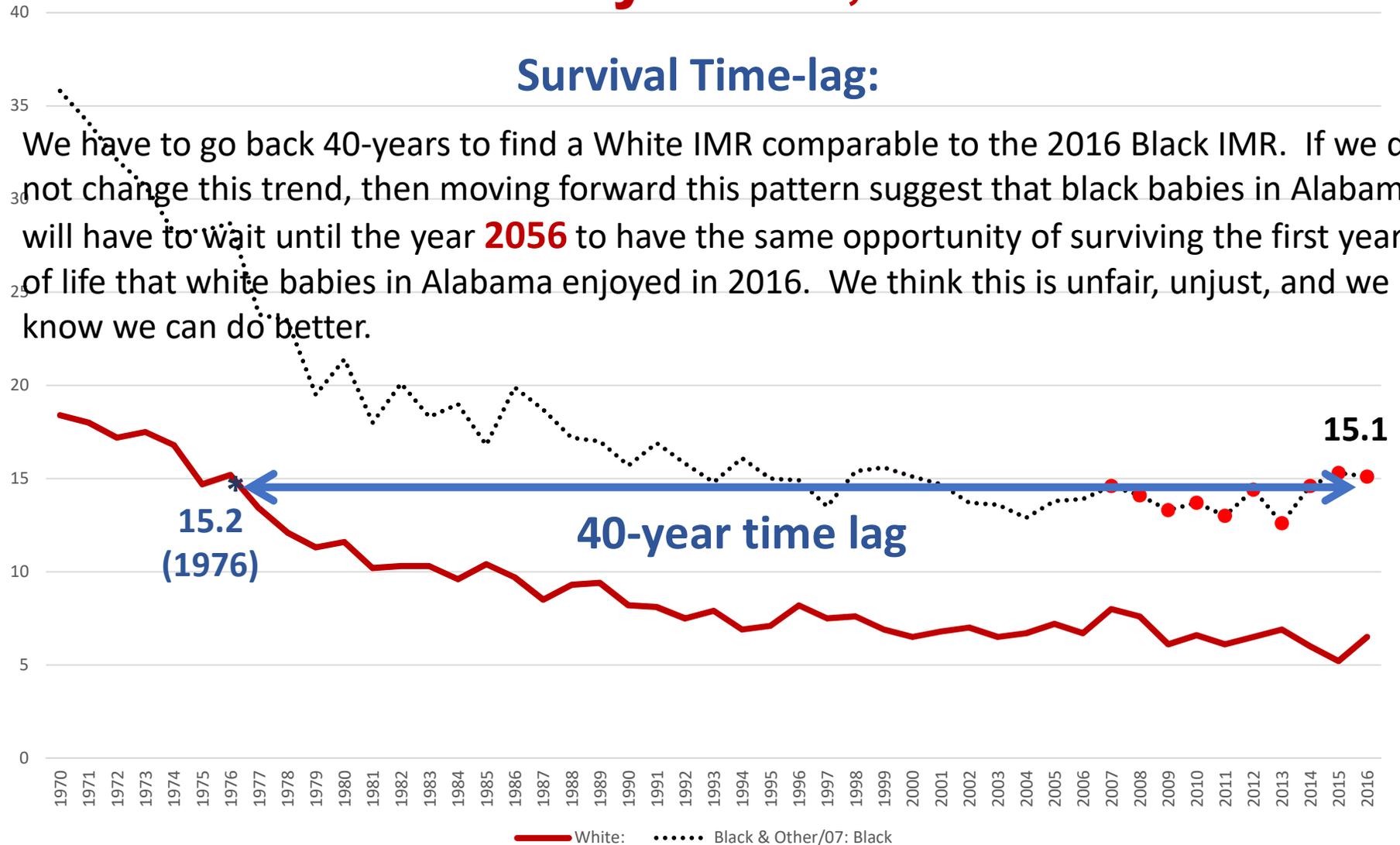


Source: ADPH/Alabama Center for Health Statistics

Alabama White, Black/Other Infant Mortality Rates, 1970-2016:

Survival Time-lag:

We have to go back 40-years to find a White IMR comparable to the 2016 Black IMR. If we do not change this trend, then moving forward this pattern suggest that black babies in Alabama will have to wait until the year **2056** to have the same opportunity of surviving the first year of life that white babies in Alabama enjoyed in 2016. We think this is unfair, unjust, and we know we can do better.

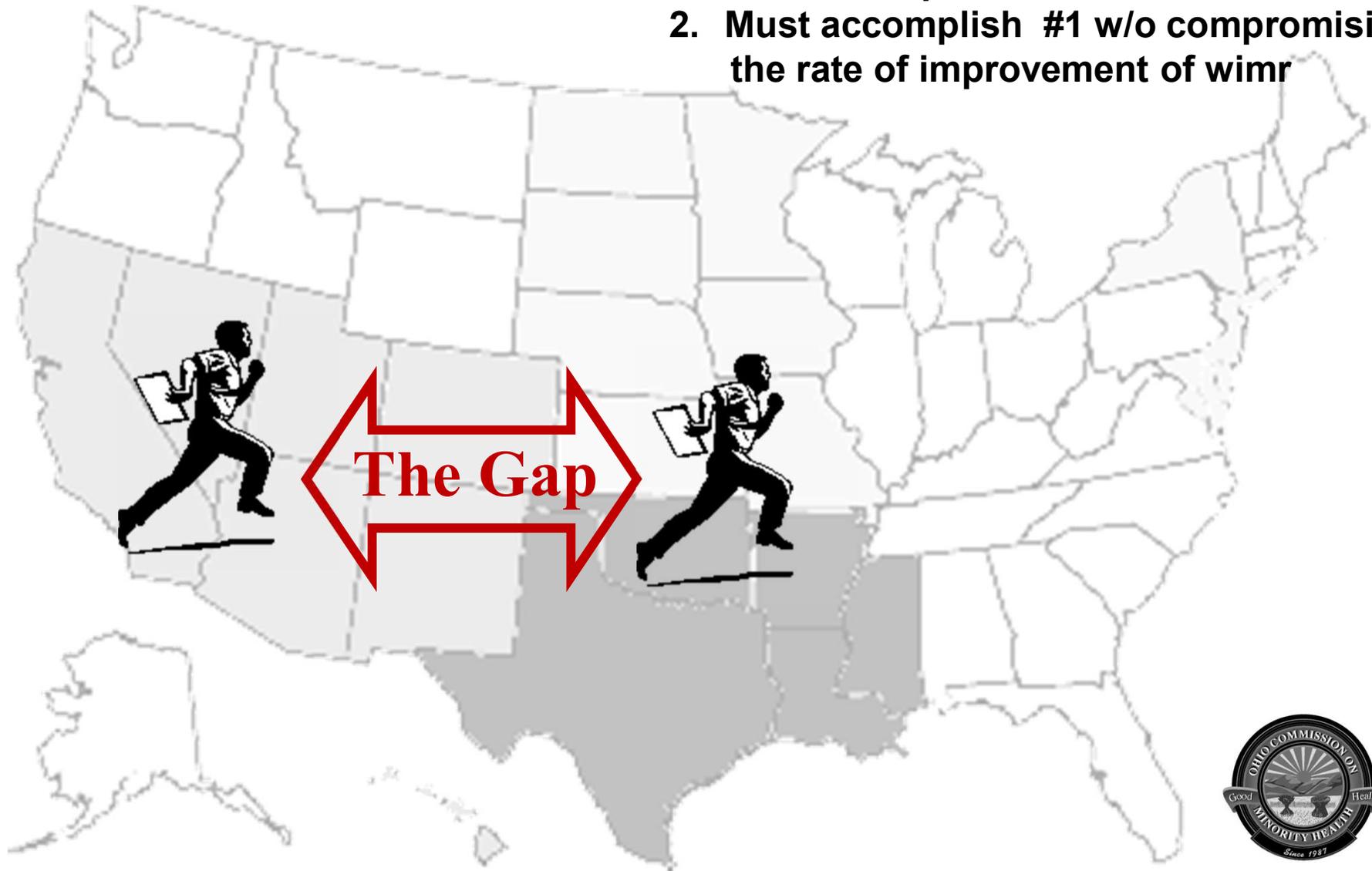


Source: ADPH/Alabama Center for Health Statistics

Erasing the Gap(s):

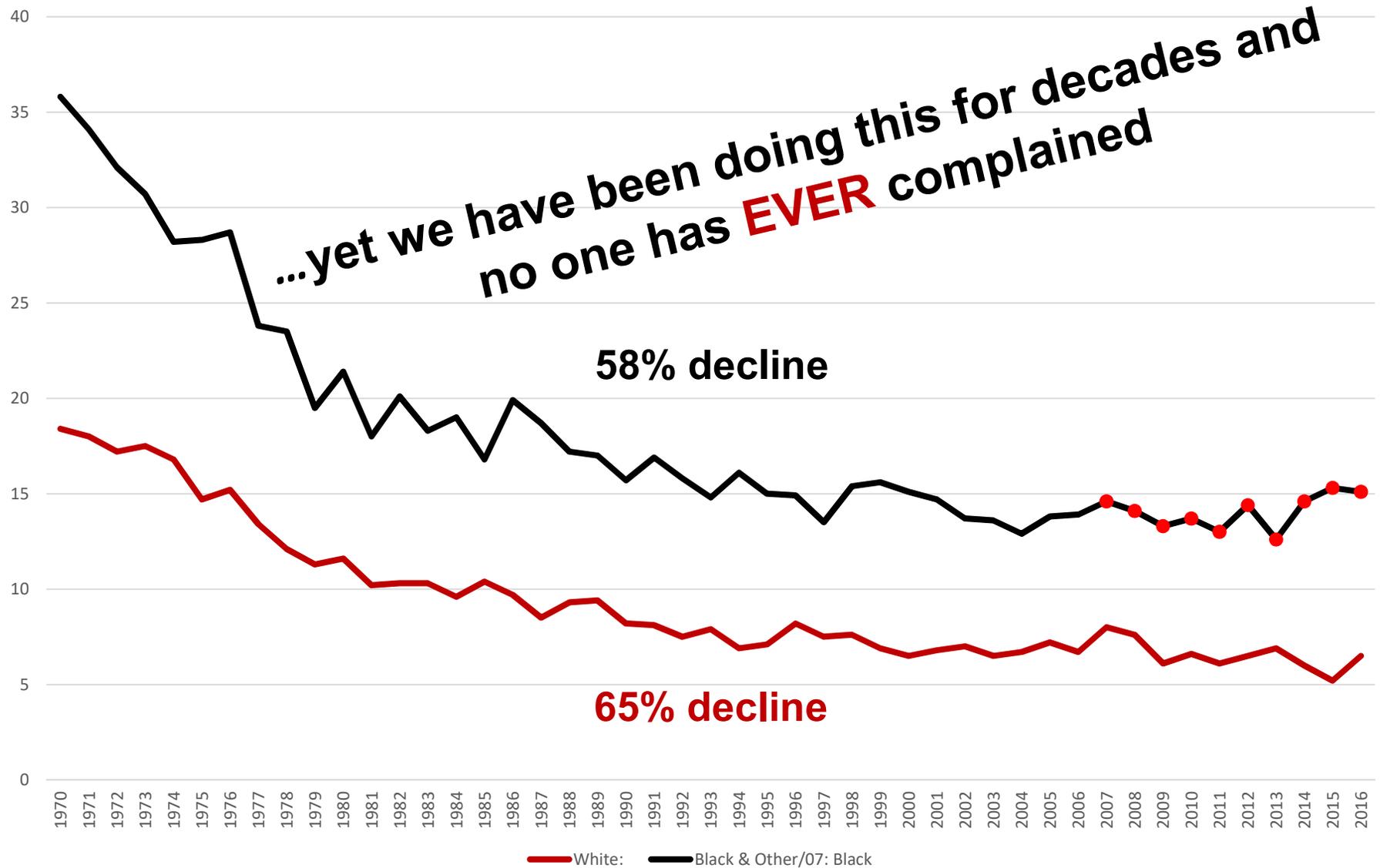
To eliminate the disparity, we need to:

1. Improve the bimir at a faster pace than we improve the wimir
2. Must accomplish #1 w/o compromising the rate of improvement of wimir



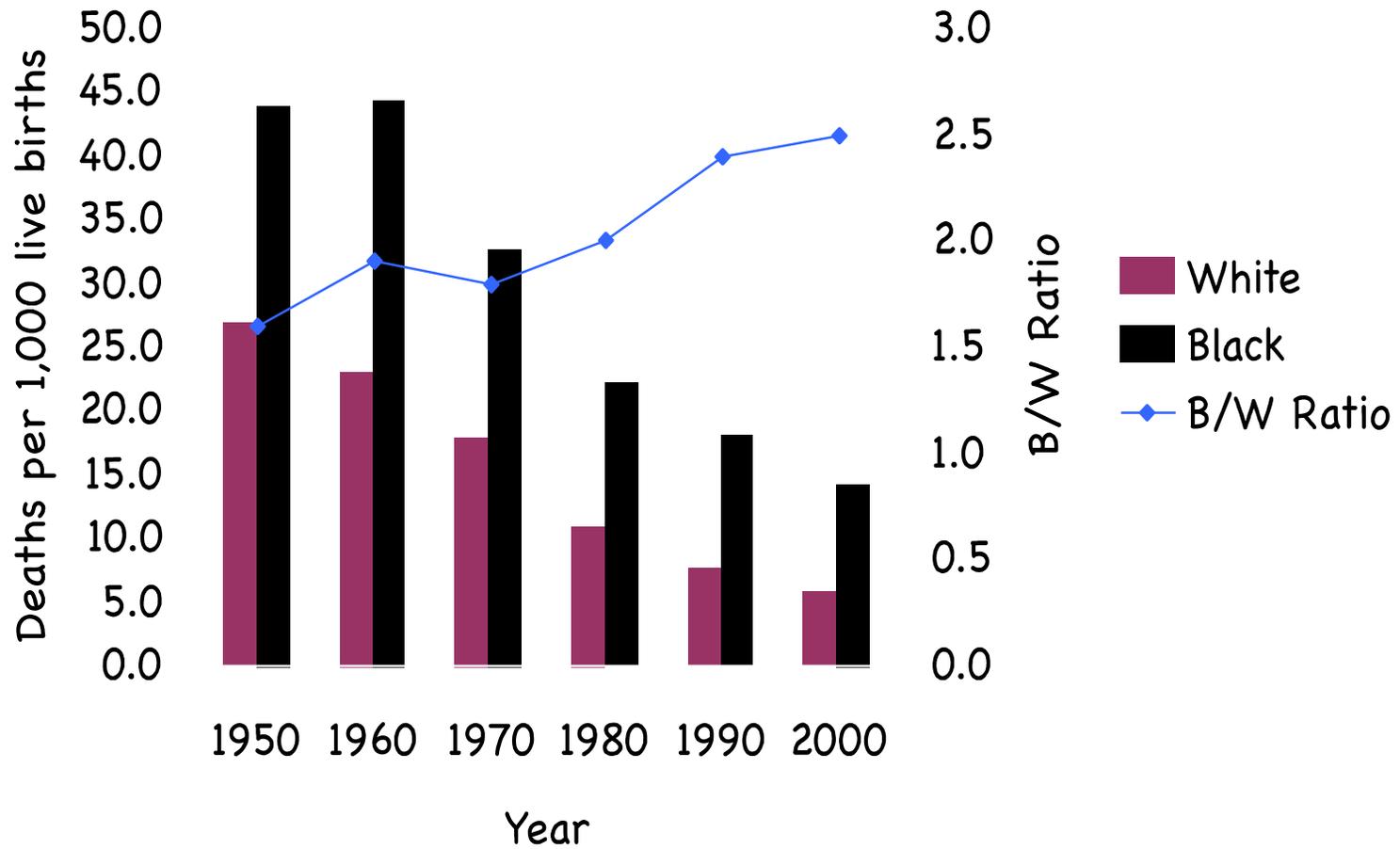
The thought of striving to improve the rate
of survival for
one group more than for another group
BOTHERS many
people...they complain that doing so would
be
immoral, unfair, unjust...

Alabama White, Black/Other Infant Mortality Rates, 1970-2016:



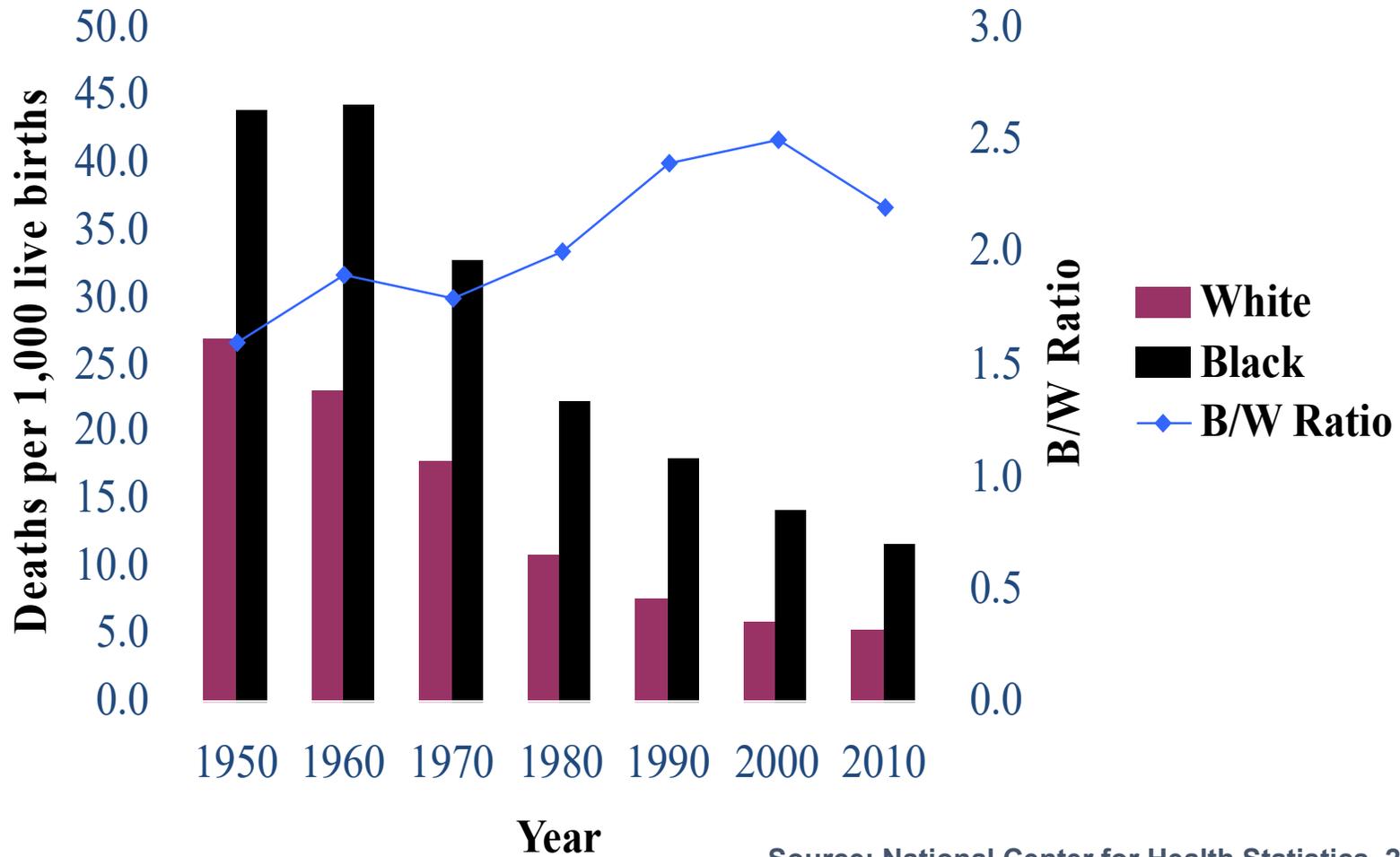
Source: ADPH/Alabama Center for Health Sta

USA Black:White Infant Mortality Rates, 1950-2000:



Source: National Center for Health Statistics, 2003

USA Black:White Infant Mortality Rates, 1950-2010:



Source: National Center for Health Statistics, 2012

What's new?

Recent Declines in Infant Mortality in the United States, 2005–2011

Marian F. MacDorman, Ph.D.; Donna L. Hoyert, Ph.D.; and T.J. Mathews, M.S.

Key findings

- Following a plateau from 2000 through 2005, the U.S. infant mortality rate declined 12% from 2005 through 2011. Declines for neonatal and postneonatal mortality were similar.
- From 2005 through 2011, infant mortality declined 16% for non-Hispanic black women and 12% for non-Hispanic white women.

Infant mortality is an important indicator of the health of a nation (1,2). This report describes the recent decline in the U.S. infant mortality rate from 2005 through 2011. Changes in infant mortality rates over time are examined by age at death, maternal race and ethnicity, cause of death, and state. The linked birth/infant death data set (linked file) is generally the preferred source for infant mortality rates by race and ethnicity (3,4). This is particularly important for racial and ethnic groups other than non-Hispanic white, non-Hispanic black, and Hispanic. For these three groups, rates calculated from the mortality and linked files have been very similar for many years, and trends are unlikely to differ (3–5). Thus, data from the mortality file are used for this analysis because of their greater timeliness (3,6). Data for 2011 are preliminary (6). Because preliminary data are not available by state, data for the 2005–2010 period were used for the geographic analysis.

<http://www.cdc.gov/nchs/data/databriefs/db120.pdf>

National Vital
Statistics Reports

Volume 61, Number 8



January 24, 2013

Infant Mortality Statistics from the 2009 Period Linked Birth/Infant Death Data Set

By T.J. Mathews, M.S. and Marian F. MacDorman, Ph.D., Division of Vital Statistics

A reformatted, typeset version of this report will replace the current version.

Abstract

Objective: This report presents 2009 period infant mortality statistics from the linked birth/infant death data set (linked file) by maternal and infant characteristics. The linked file differs from the mortality file which is based entirely on death certificate data.

http://www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr61_08.pdf

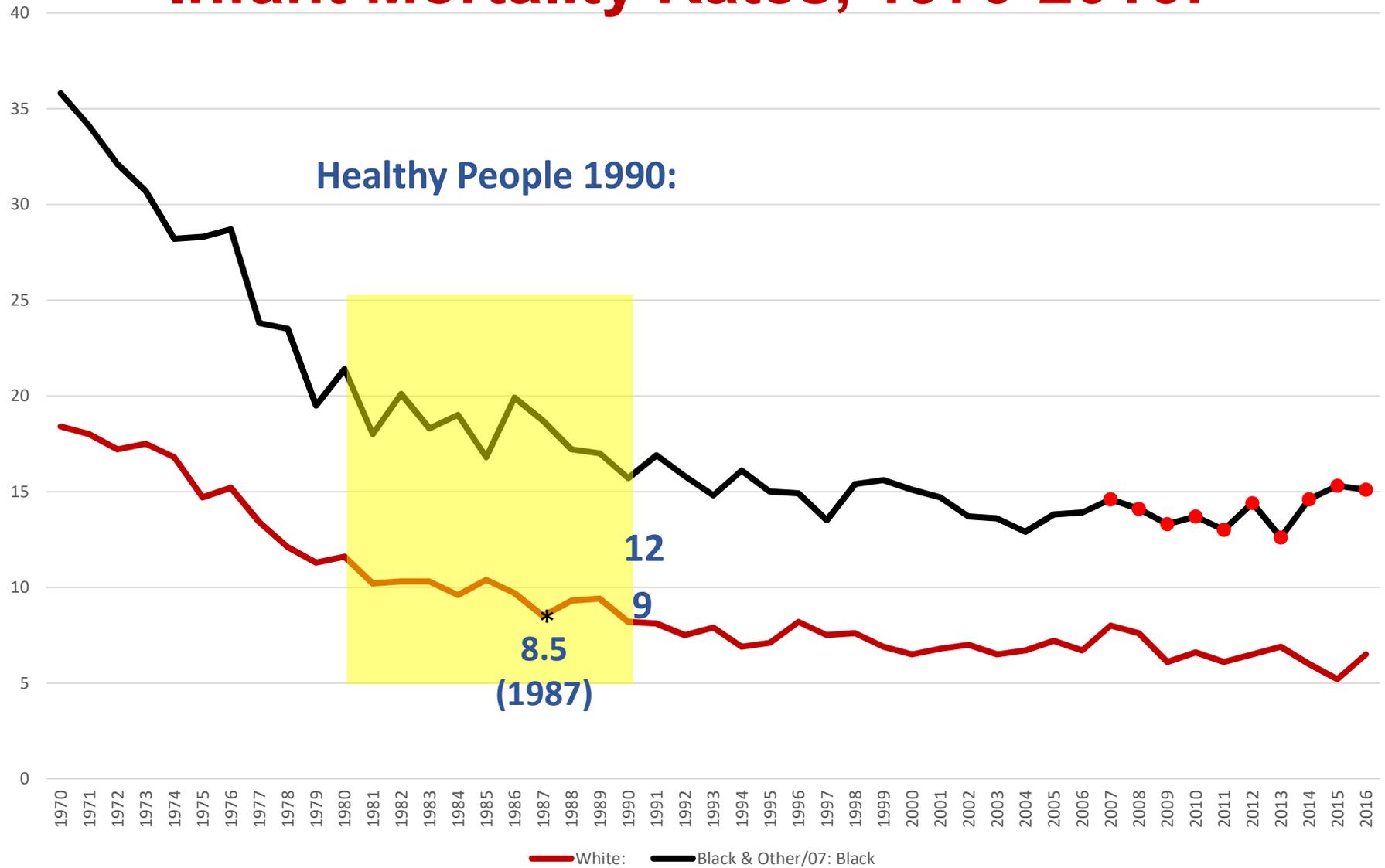
Recent Declines in Infant Mortality in the United States, 2005-2011

- **Following a plateau, from 2000 through 2005, the US IMR declined 12% from 2005-2011.**
 - **Declines in the neonatal and postneonatal mortality rates were similar**
- **From 2005-2011 IMR declined**
 - **16% for Black women**
 - **12% for White women**
 - **9 % for Hispanic women**
- **IMR declined for 4 of the 5 leading causes of infant death from 2005-2011.**

“Healthy People” History regarding IMR:

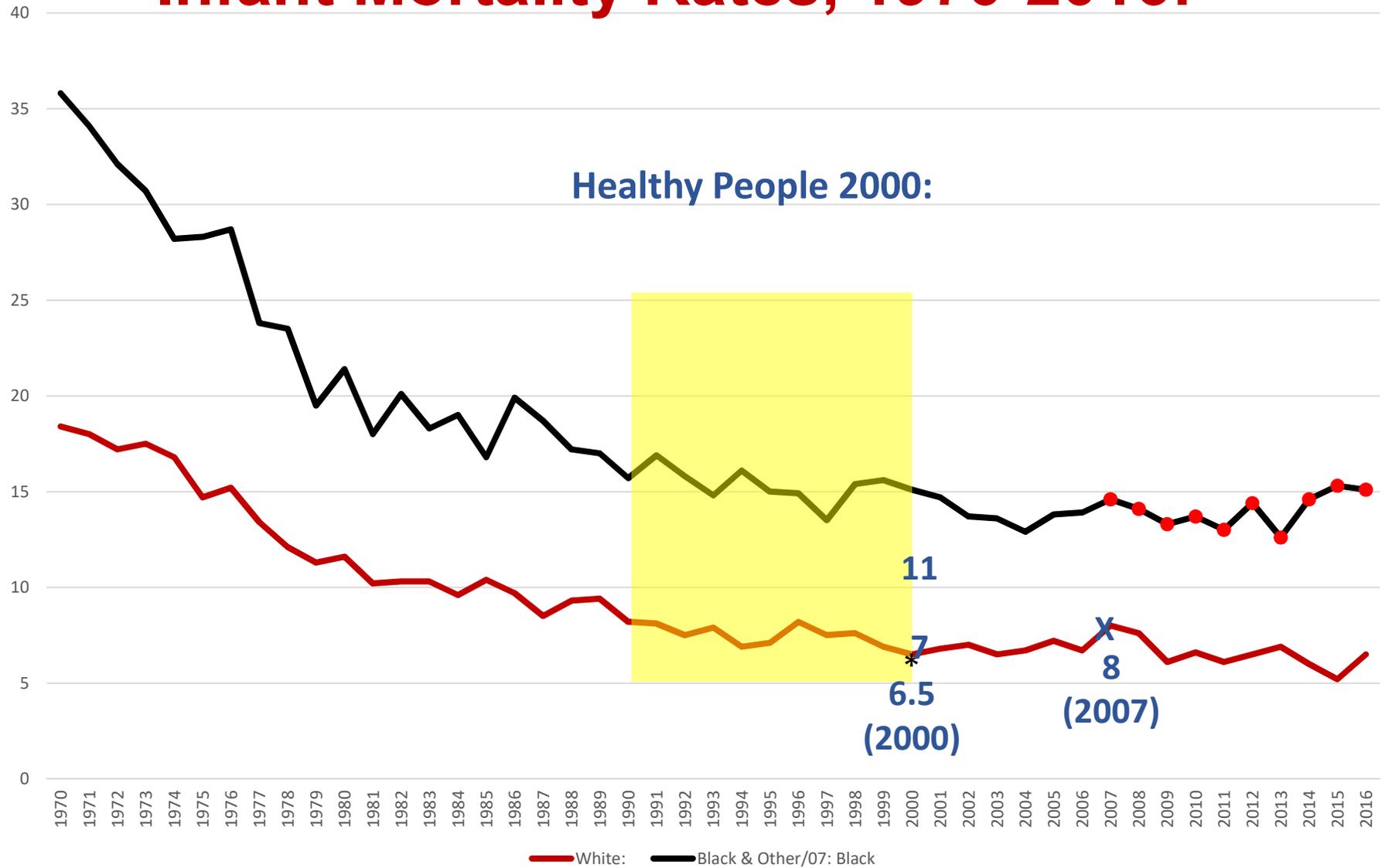
- ***1990-Healthy People***
- ***2000-Healthy People***
- ***2010-Healthy People***
- ***2020-Healthy People***

Alabama White, Black/Other Infant Mortality Rates, 1970-2016:



Source: ADPH/Alabama Center for Health Statistics

Alabama White, Black/Other Infant Mortality Rates, 1970-2016:



Source: ADPH/Alabama Center for Health Statistics

Healthy People 2010:

■ 2 Overarching Goals

- *Increase the quality and years of healthy life*
- *Eliminate health disparities*
 - *Only one IMR Goal (4.5) for the entire population*

■ 28 Focus Areas

- *Maternal Child Health*

■ 467 specific objectives

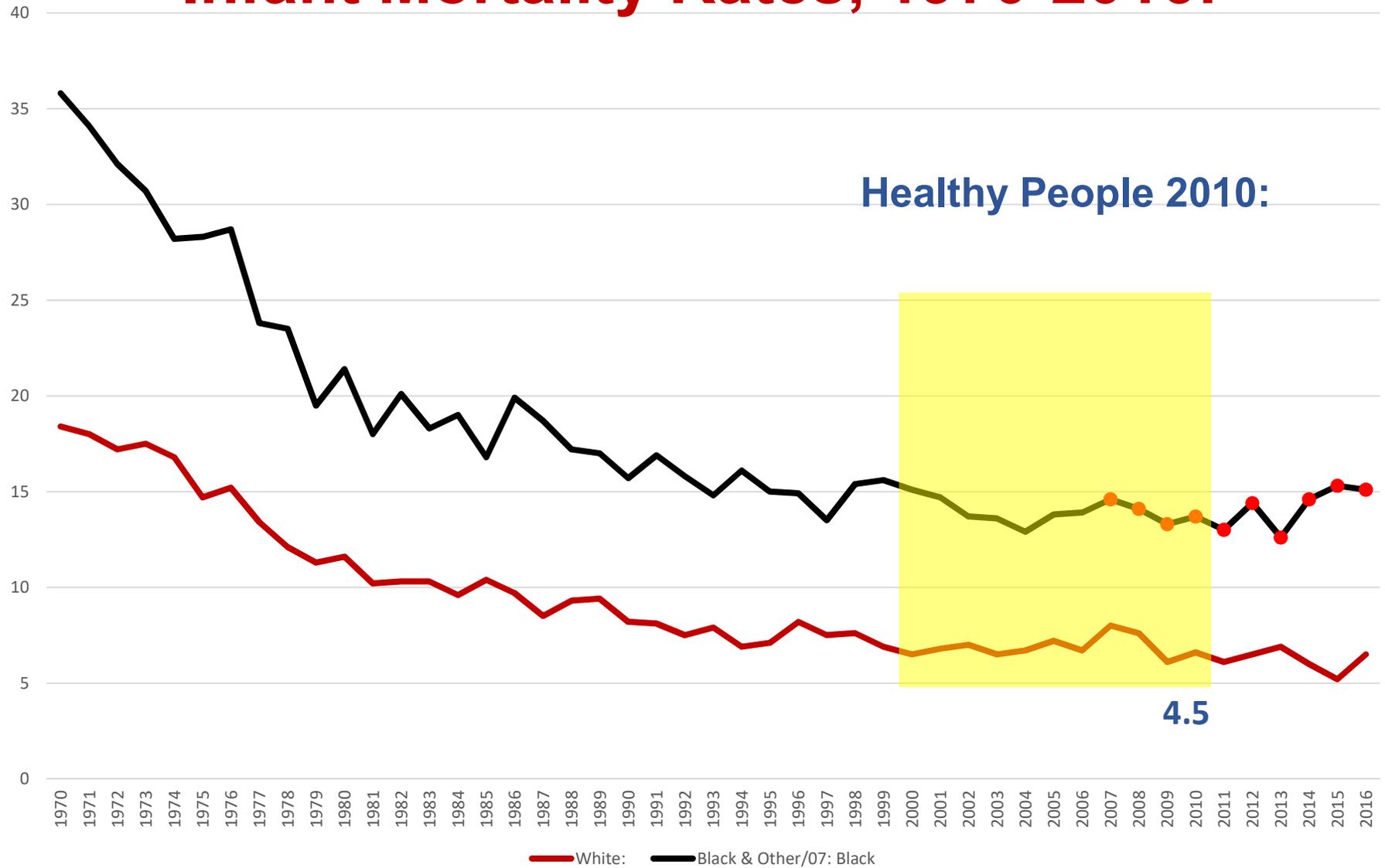
- *Infant Mortality: goal of 4.5 deaths/1,000 live births*
For the first time...one goal for all races



Office of Disease Prevention and Health Promotion
U.S. Department of Health and Human Services



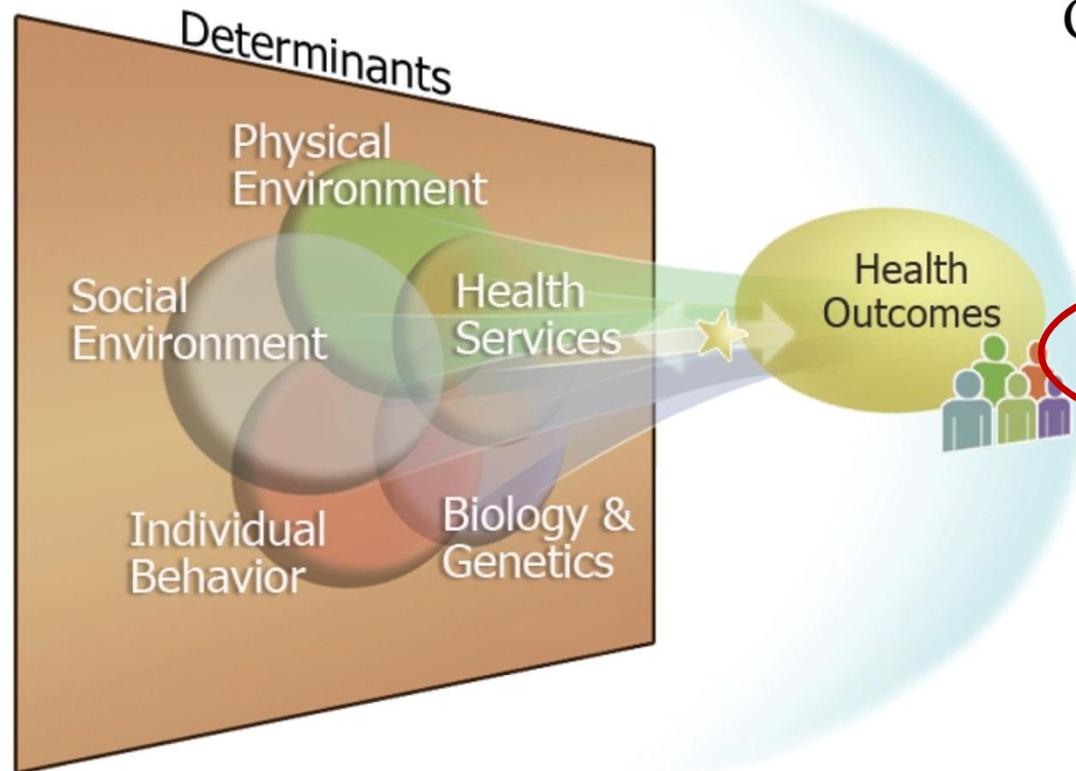
Alabama White, Black/Other Infant Mortality Rates, 1970-2016:



Source: ADPH/Alabama Center for Health Statistics

Healthy People 2020

A society in which all people live long, healthy lives



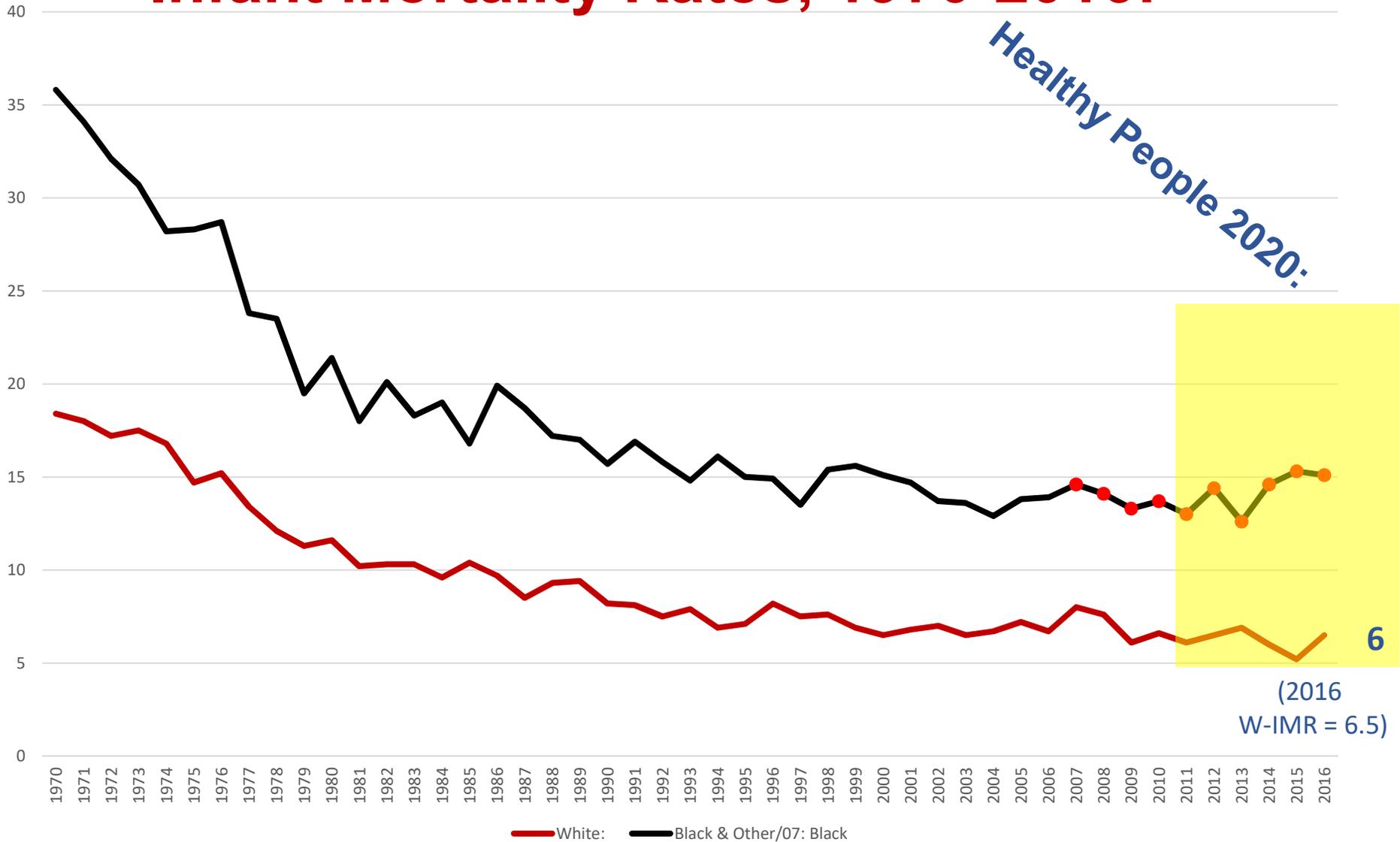
Overarching Goals:

- Attain high quality, longer lives free of preventable disease, disability, injury, and premature death.
- Achieve health equity, eliminate disparities, and improve the health of all groups
- Create social and physical environments that promote good health for all.
- Promote quality of life, healthy development and healthy behaviors across all life stages.

www.cdc.gov/nchs/healthy_people/hp2020.html

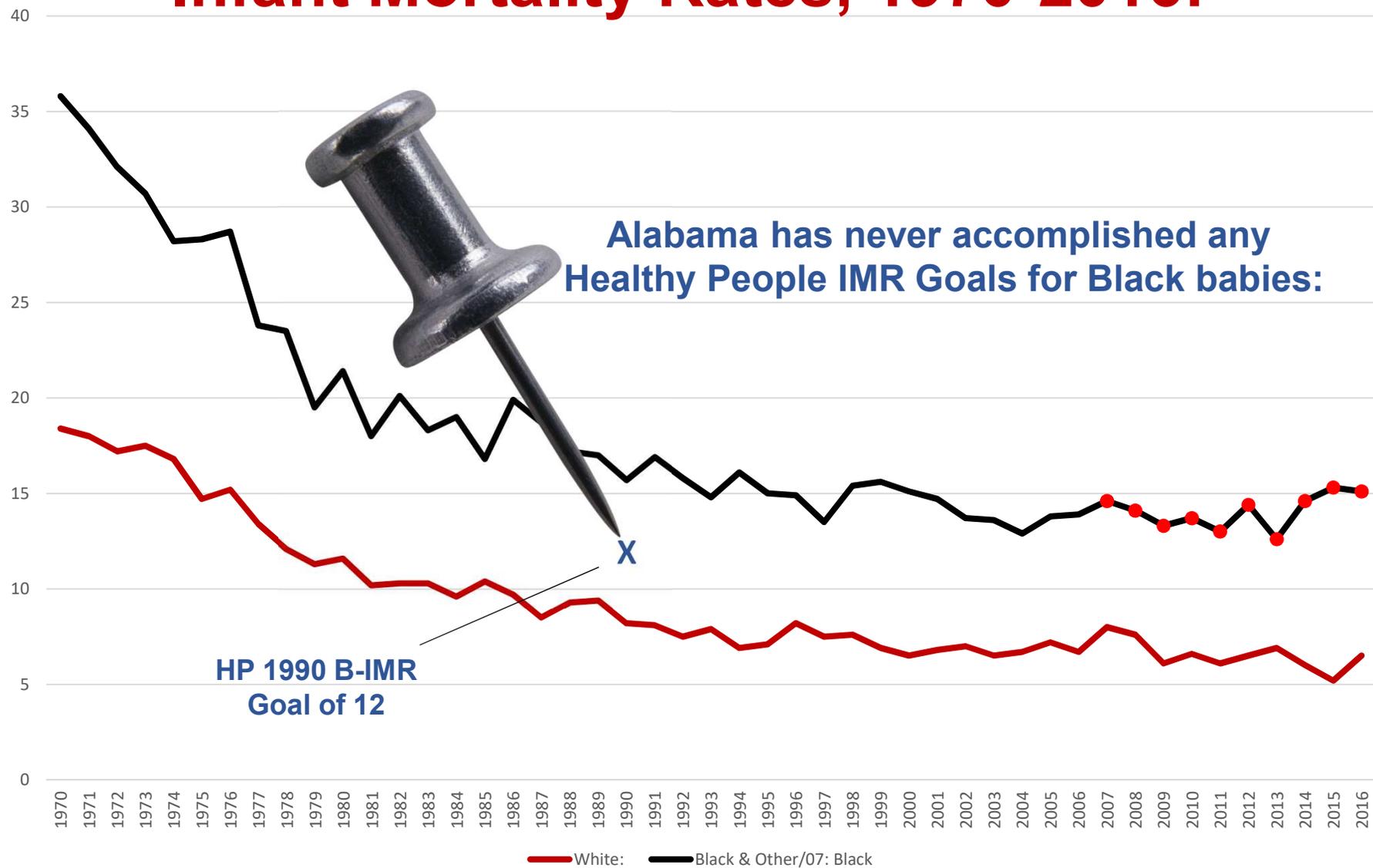


Alabama White, Black/Other Infant Mortality Rates, 1970-2016:



Source: ADPH/Alabama Center for Health Statistics

Alabama White, Black/Other Infant Mortality Rates, 1970-2016:



Source: ADPH/Alabama Center for Health Statistics

Patterns/Trends:

Based on 46-years of experience (1970-2016)...Alabama has well established, racially determined patterns for Black and White infant mortality:

- **Persistent disparity gap of at least 2x**
- **40-year Survival Gap**
- **Achieved 2 of the 3 prior HP-White IMR Goals by the goal date... and well on way to achieving HP 2020 goal of 6 for white babies**
- **Simultaneously, has never achieved any HP-Black IMR Goals.**

2, 4, 6, 8,.....

5, 10, 15, 20.....

A black and white photograph of a pregnant woman's belly. Two hands are visible, one from above and one from below, gently touching the skin. The lighting is soft, highlighting the texture of the skin and the contours of the hands. The background is dark, making the central subject stand out.

Do black Babies matter as much as White babies?



Everyone says “yes”....

But, our actions don't support this response?

School drop outs

Genetics

Drug addicts

Despite the data, there are many who believe that the Black IMR cannot improve. And many who do believe it can improve believe that it is as high/bad as it is because of group level flaws amongst those of us who are Black. Essentially nobody believes that it can be the same as the White IMR!

Teen-aged pregnancies

Black people don't love their babies as much

Welfare Queens

Dead beat dads

IPV

2011-2013 USA Infant Mortality Rates, by State and by Race, from Worst to Best:

Overall		White:		Black:		Hispanic	
:						:	
USA	6.01		5.06		11.25		5.09
MS	9.25	WV	6.99	KS	14.18	RI	7.22
AL	8.57	AL	6.92	WI	14	PN	6.99
LA	8.35	ME	6.77	OH	13.57	OH	6.92
DE	7.64	MS	6.76	MI	13.13	KS	6.84
OH	7.6	AR	6.7	IL	12.93	KY	6.75
AR	7.41	OK	6.51	AL	12.9	ID	6.68
SC	7.23	IN	6.46	UT	12.89	OK	6.54
NC	7.2	KY	6.4	IN	12.87	MS	6.35
IN	7.19	OH	6.31	DE	12.82	AR	6.15
OK	7.17	LA	6.15	PN	12.66	IN	6.09
TN	7.16	TN	6.09	NC	12.57	MO	6.08
*MA	4.21	*NJ	3.20	*MA	6.90	*IA	2.65

***Best Rates in Green**

NCHS: 8/6/2015

HEALTHY START

For the past 27 years...

- In different neighborhoods
- Different demographics
- Different Races: Ghettoes, Barrios, Reservations
- Despite inadequate funding
- No matter how high risk the population
- No matter how under-resourced the community

*“2015 Preliminary (100-site)
Cumulative HS IMR = 4.8”*

HS has REPEATEDLY produced IMRs better than the national average...

More than most MCH Organizations in this country, HS has proven to us that this disparity does not have to exist.

**Why the
disparity?**



Social Determinants of Health:

Infant mortality is an internationally recognized measure of a society's ability to provide food, housing, income, education, employment and health care to its citizens



Infant Mortality:

Premature Births

Congenital Anomalies

SUID

Maternal pregnancy Complications

Placental or cord anomalies

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Infant Mortality:

Premature Births

Congenital Anomalies

SUID

Maternal pregnancy Complications

Placental or cord anomalies

Disparities

Social Determinants of Health/Lifecourse

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Medical Problem

Disparities in Birth Outcomes:

Social Determinants of Health:

Weathering

Racism

Housing

Incarceration rates

Unemployment

Fatherless households

Neighborhoods

Hopelessness

Policies

No Insurance

Stress

Poverty

“Medical baggage”

Language

Limited Access to Care

Smoking

“Othering”

Substance Use

Under-Education

Lower graduation rates

Family Support

Poor Working Conditions

Teen Births

Nutrition

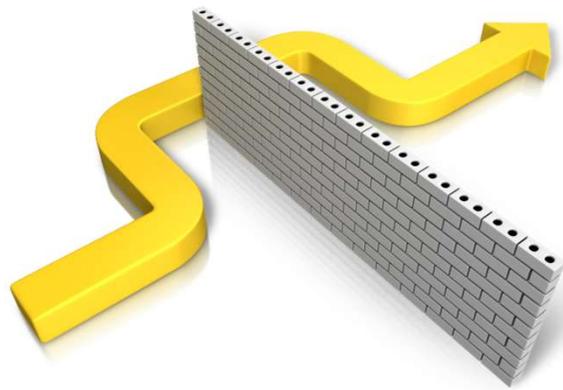
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World Health Commission on the Social Determinants of Health (2008):

“[I]nequities in health [and] avoidable health inequalities arise because of the circumstances in which people grow, live, work, and age, and the systems put in place to deal with illness. The conditions in which people live and die are, in turn, shaped by political, social, and economic forces.”



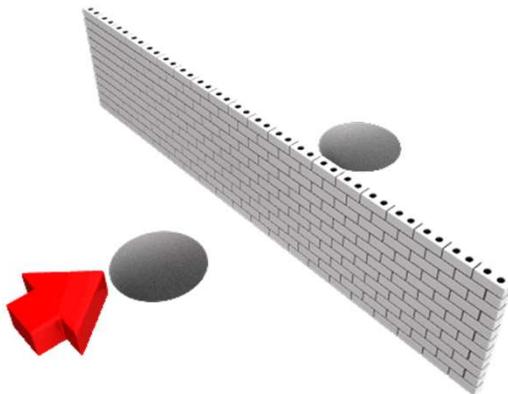
Many (most) of our Policy Prescriptions and Programmatic Interventions: try to help families “circumvent” obstacles...



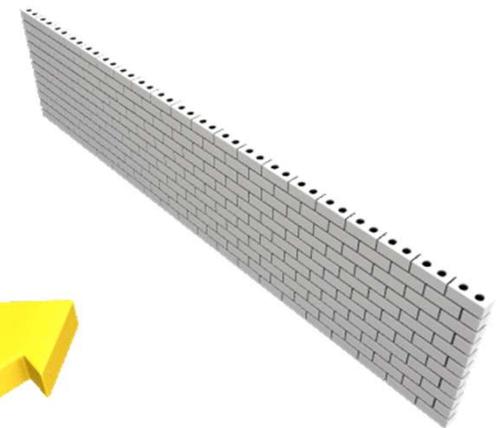
Most of these programs help



In some cases, they make a huge difference



BUT...most programs represent temporary solutions. Once pregnancy ends, we return families to the same circumstances that required help in the first place...and the cycle repeats itself pregnancy after pregnancy AND generation after generation.



YMP Component & BMA Element: DEVELOP & IMPLEMENT STRATEGIES

Education



Health & Food



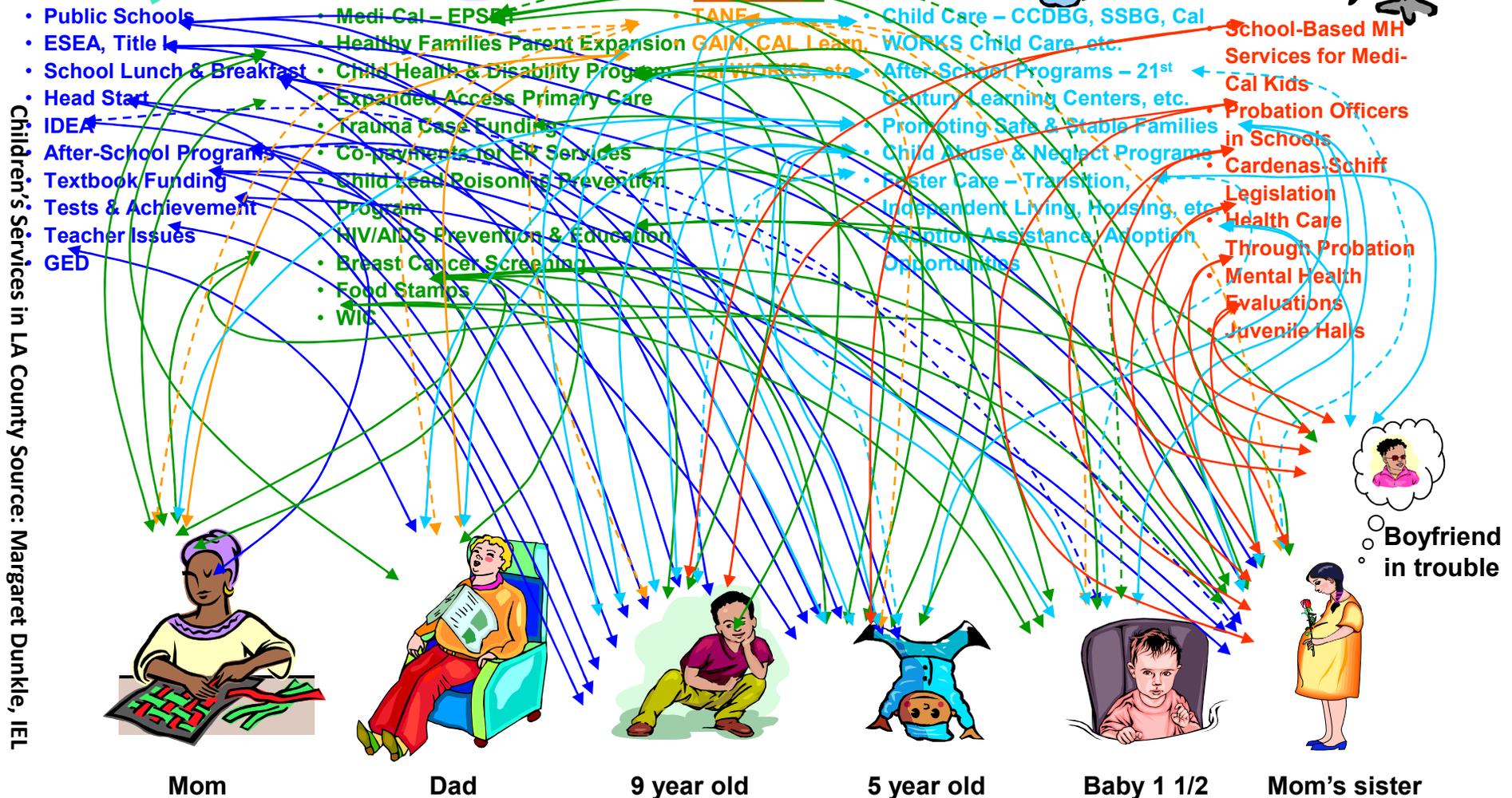
Social Services



Child & Family Services



Mental Health & Probation



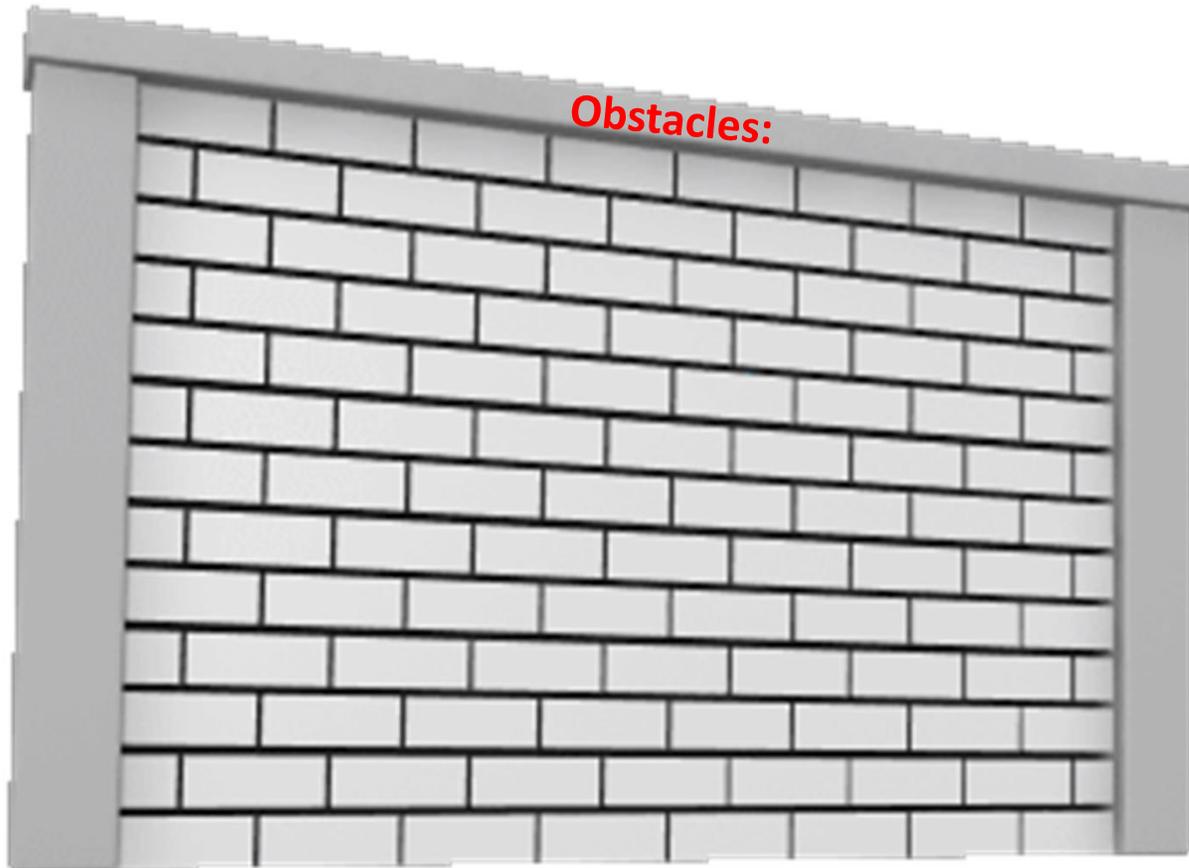
Children's Services in LA County Source: Margaret Dunkle, IEL

Why treat people's illnesses without changing the conditions that made them sick?

(WHO Commission on Social Determinants of Health, 2008)



A Social Determinants approach: challenges us to “eliminate the obstacles”



We are often asked...which Social Determinants to improve?





“...a moral obligation, a matter of social justice.”

Our profession seeks not only to understand but also to improve things. Some doctors (*and people in public health*) feel queasy about the prospect of social action to improve health, which smacks of social engineering. Yet, a clinician faced with a suffering patient has an obligation to make things better. If she sees 100 patients the obligation extends to all of them. **And if a society is making people sick? We have a duty to do what we can to improve the public's health and to reduce health inequalities in social groups where these are avoidable and hence inequitable or unfair. **This duty is a moral obligation, a matter of social justice.**”**

Professor Sir Michael Marmot, lecture to the Royal College of Medicine, October 2006

Acknowledgement: SDOH Learning Network Core Team



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A new approach to reduce infant mortality and achieve equity

Policy recommendations to improve
housing, transportation, education
and employment



Prepared by the Health Policy Institute of Ohio
for the Ohio Legislative Service Commission

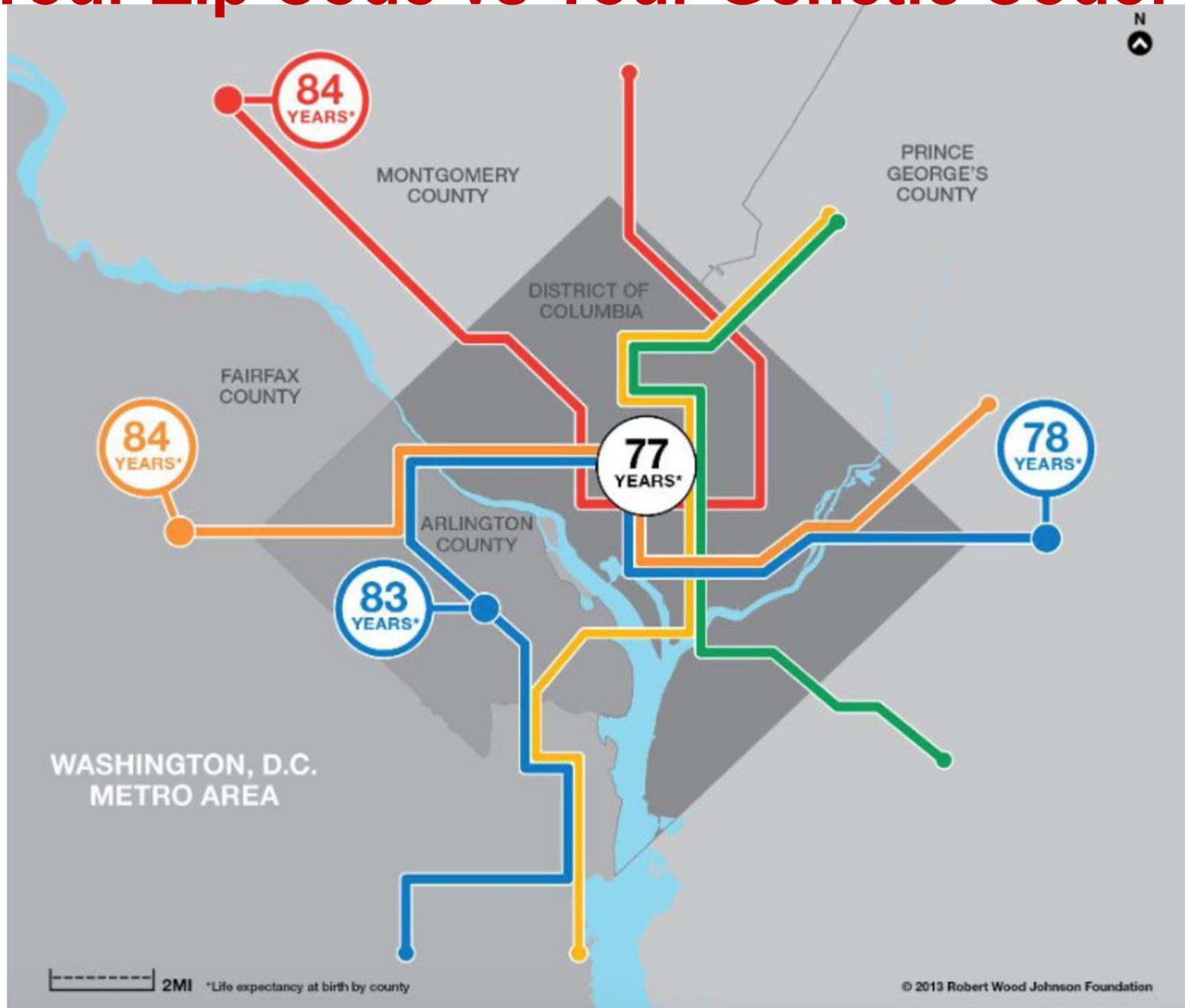
Dec. 1, 2017

Place Matters:

PLACE MATTERS:
Your Zip Code Matters More Than Your
Genetic Code

Slide borrowed from Dr. Anthony Iton

Your Zip Code vs Your Genetic Code:

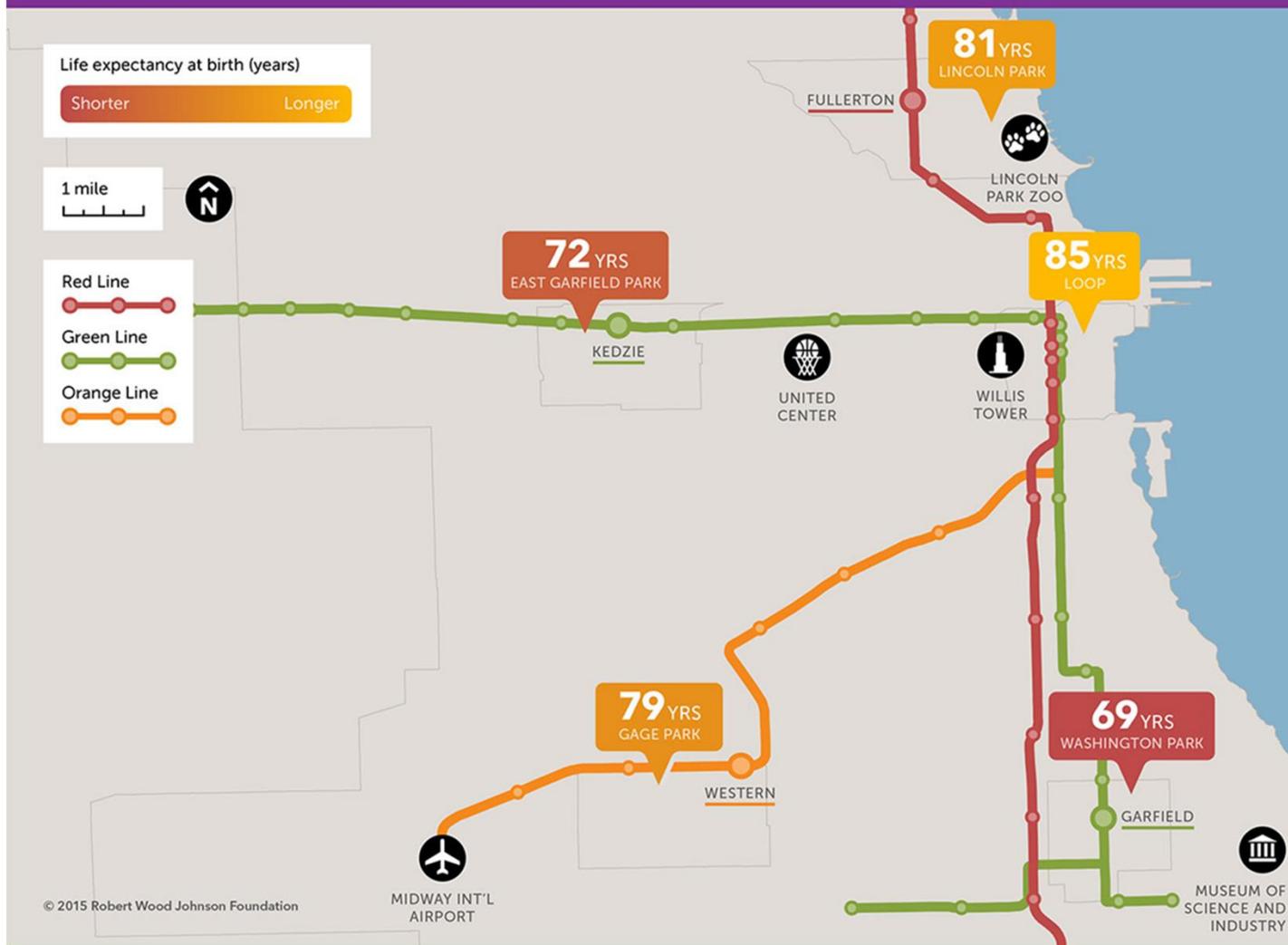


CHICAGO, ILLINOIS

Short Distances to Large Gaps in Health

Follow the discussion

#CloseHealthGaps



6'0"
5'10"
5'8"
5'6"
5'4"
5'2"
5'0"
4'10"

PRISON
\$62,300

SCHOOL
\$9,100

health happens here

Do the math.

CSRA





STRUCTURAL Determinants (policies/systems/"isms")

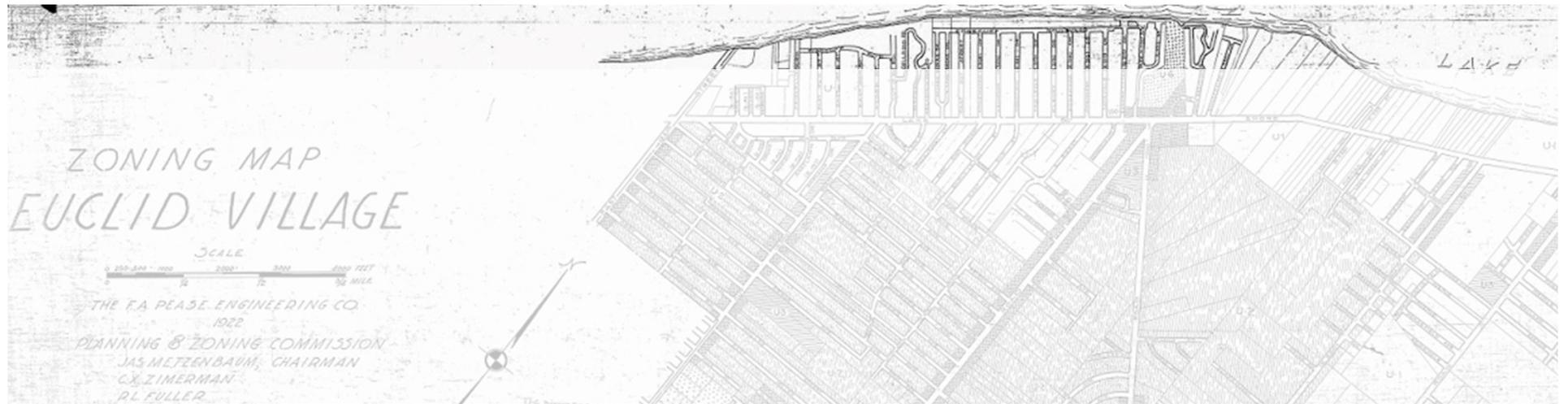


CONDITIONS (Social Determinants)



CONSEQUENCES ("marginalization", increased risk
more frequent illness and earlier death)





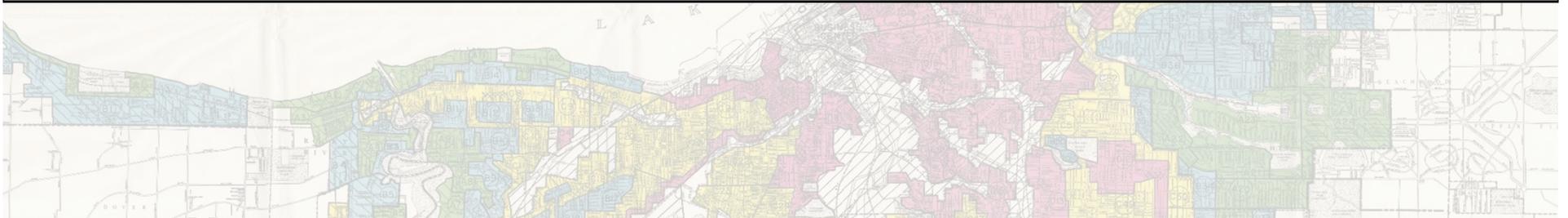
CAUSES



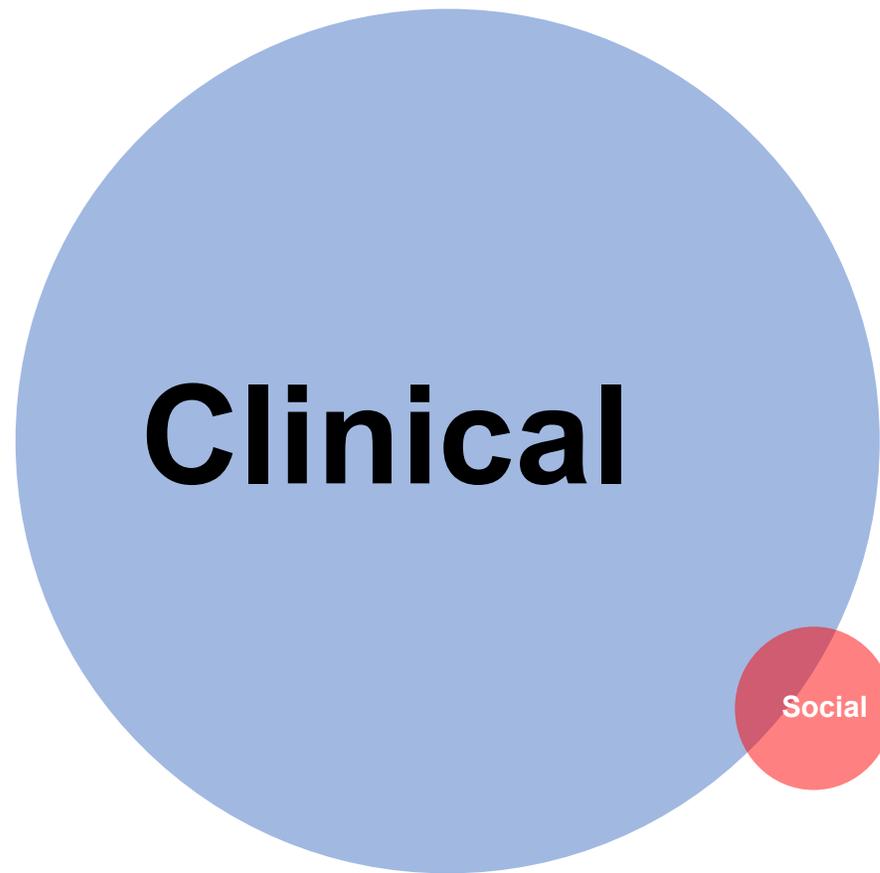
CONDITIONS



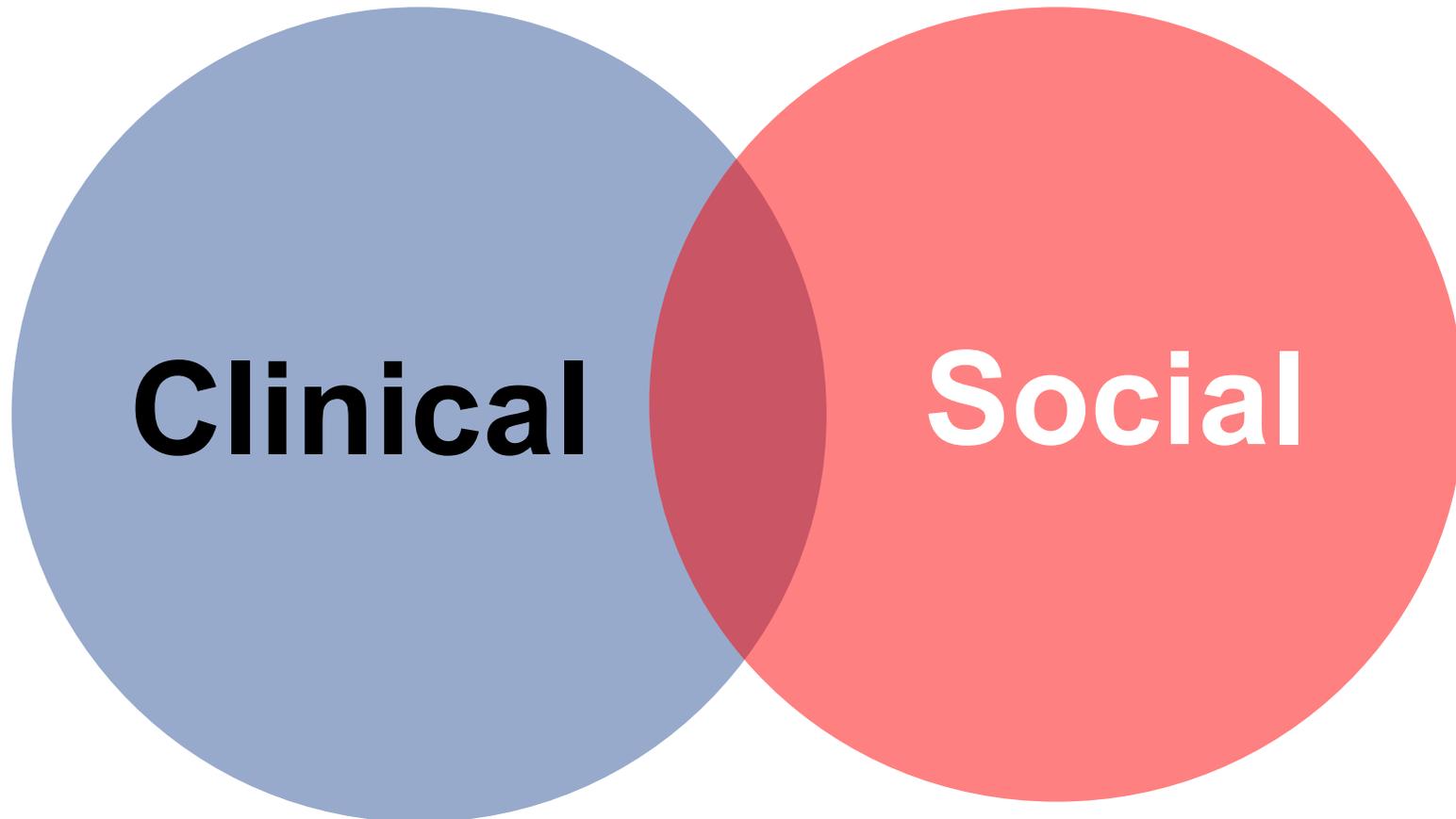
CONSEQUENCES



Clinical-Social Dyads (CSDs)

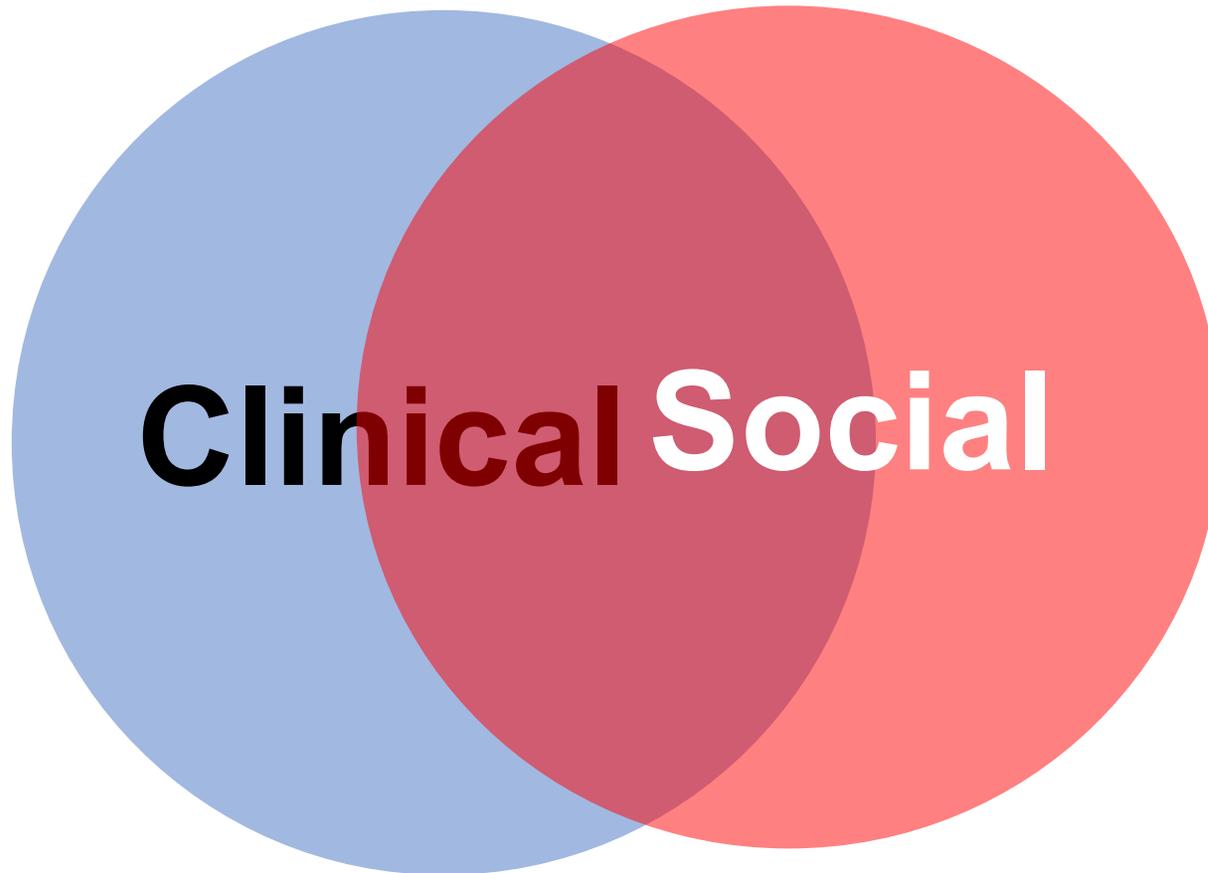


CSD's:



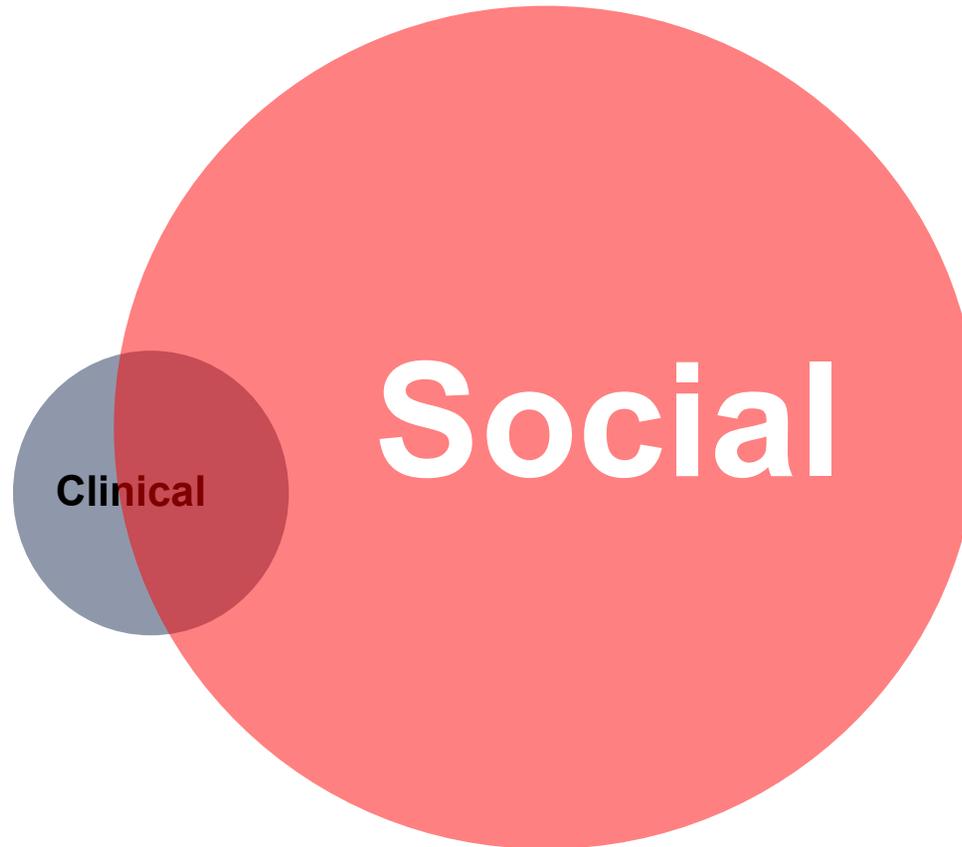
I think the non-clinical is at least as important as the clinical

CSD's:



I also think we make our best decisions in the area of overlap, where “clinical” and “non-clinical” work together for the best interest of the patient. I am also of the opinion that working in this area of overlap is part of the reason why programs like HS, Case-management, NFP, and Centering experience much of their success.

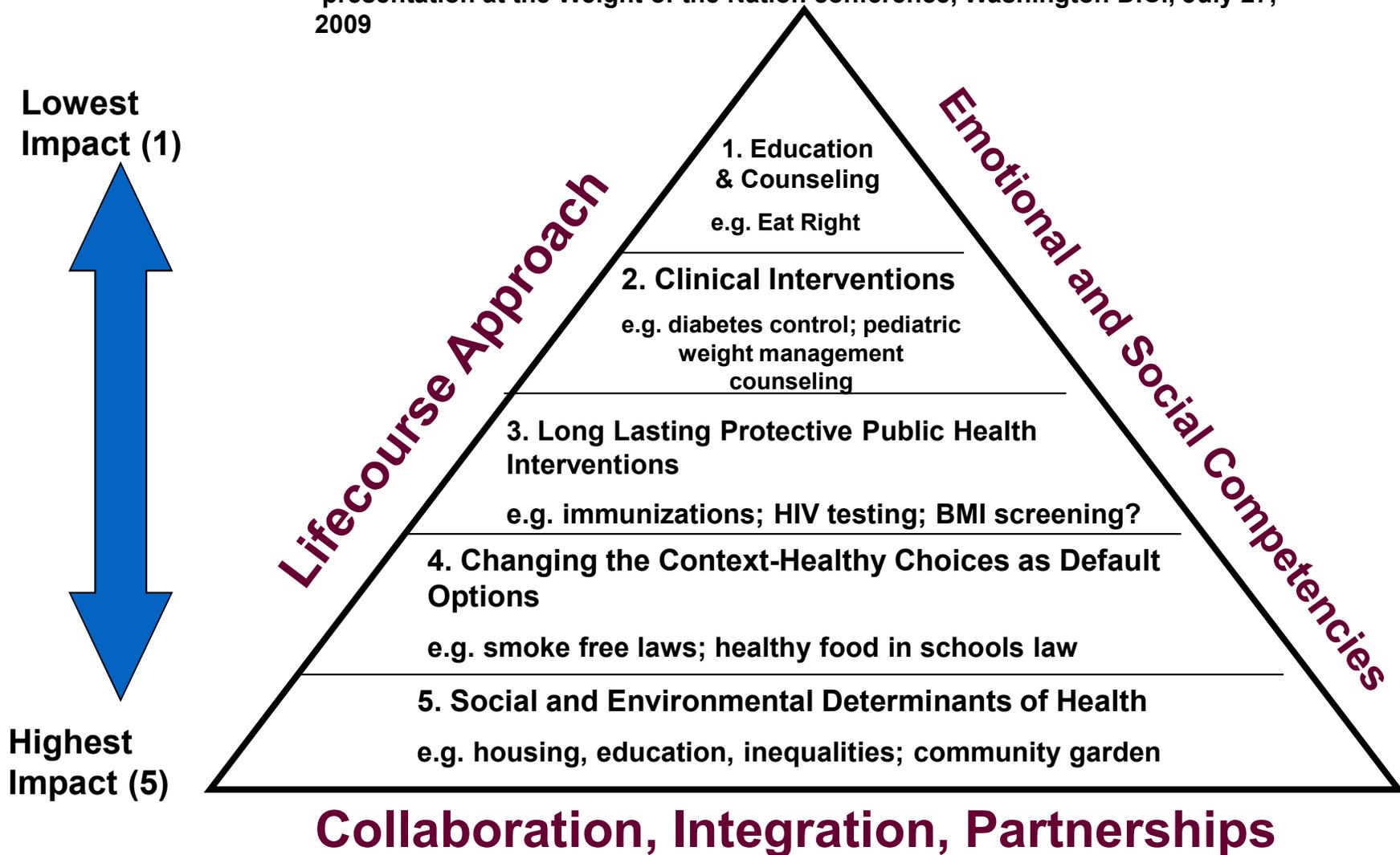
CSD's:



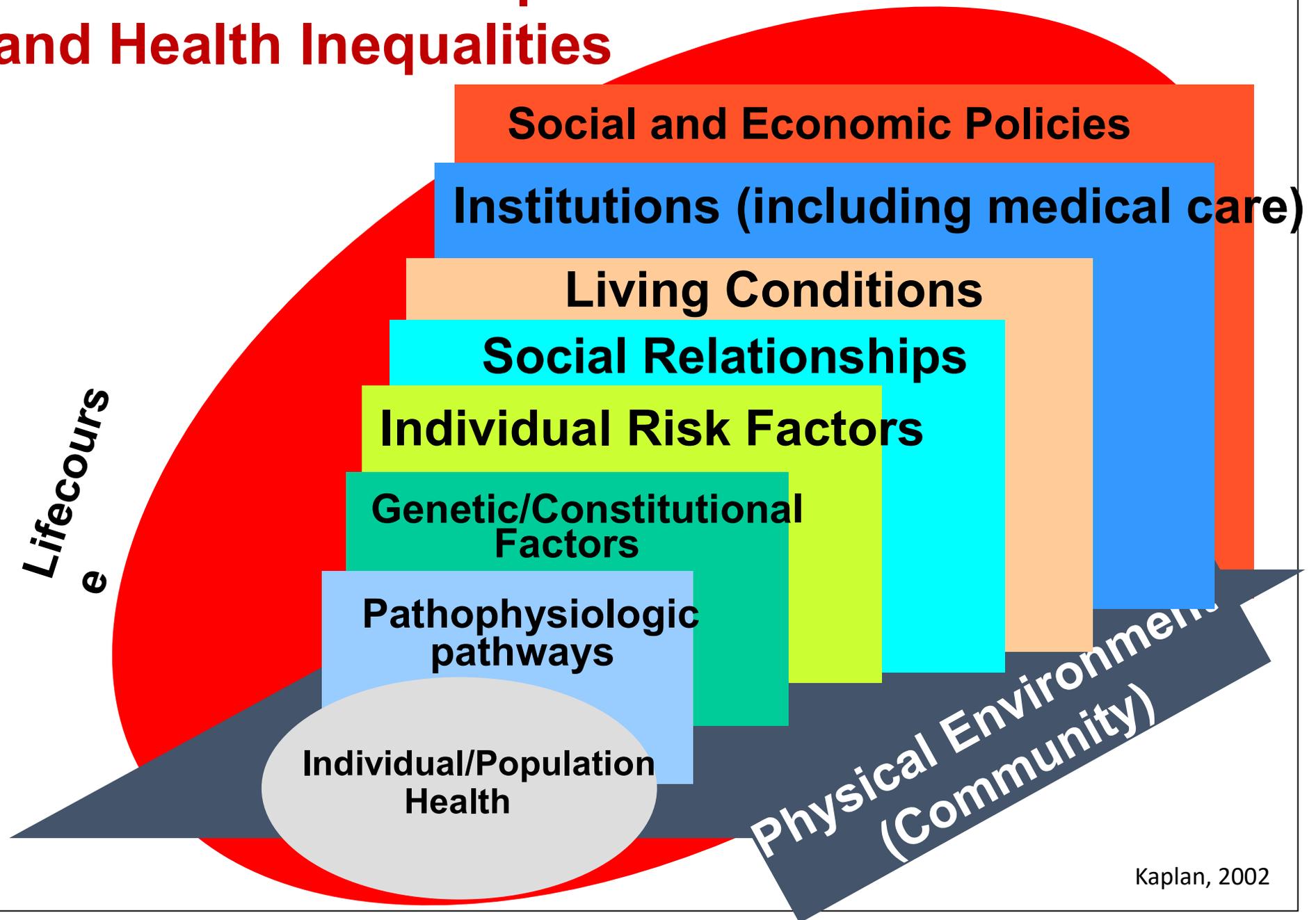
In my opinion, this is probably how our public health investments and prescriptions should look.

Equity Pyramid

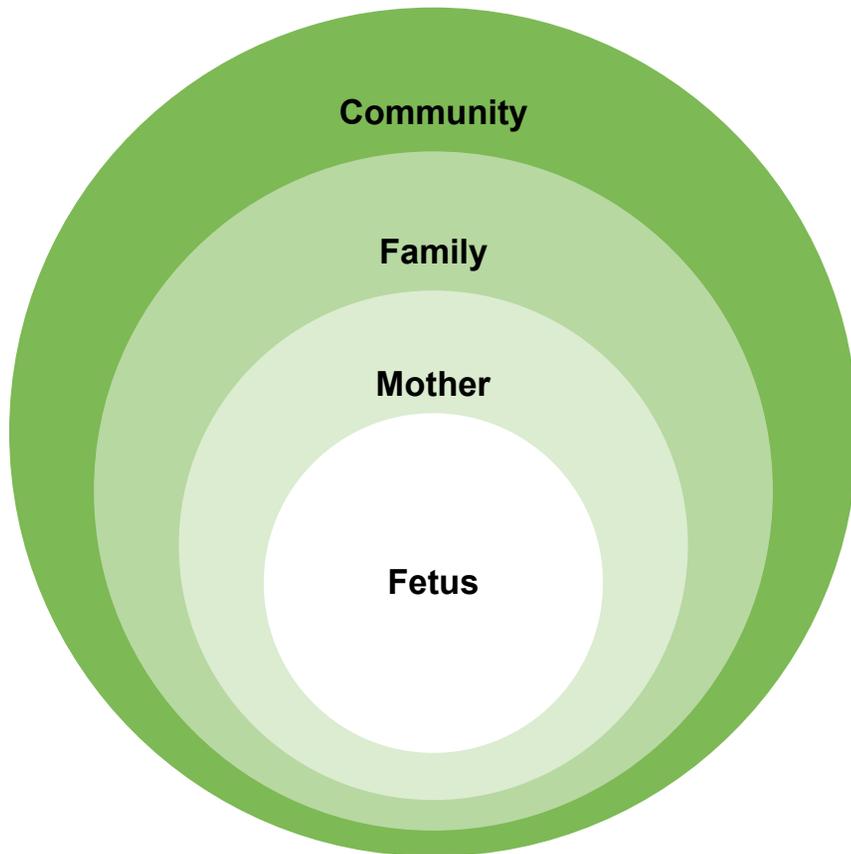
This pyramid is adapted from Thomas Frieden, MD, MPH, Health impact Pyramid presentation at the Weight of the Nation conference, Washington D.C., July 27, 2009



Determinants of Population Health and Health Inequalities



The Circles of Influence:



The health of the mother and fetus rely on more than just prenatal care.

- *“While the mother is the environment of the developing fetus, the community is the environment of the mother.”* Dr. Lawrence Wallack, “Going Upstream for the Health of the Next Generation”
- *“When a flower doesn't bloom, you fix the environment in which it grows, not the flower”*

Alexander Den Heijer

Slide used with permission from Mariela Uribe, Alameda County Best Baby Zone

The Basic Idea:

Socioeconomic position, race/ethnicity and gender all structure the likelihood of multiple exposures at multiple points in time – over the entire lifecourse from conception to old age.

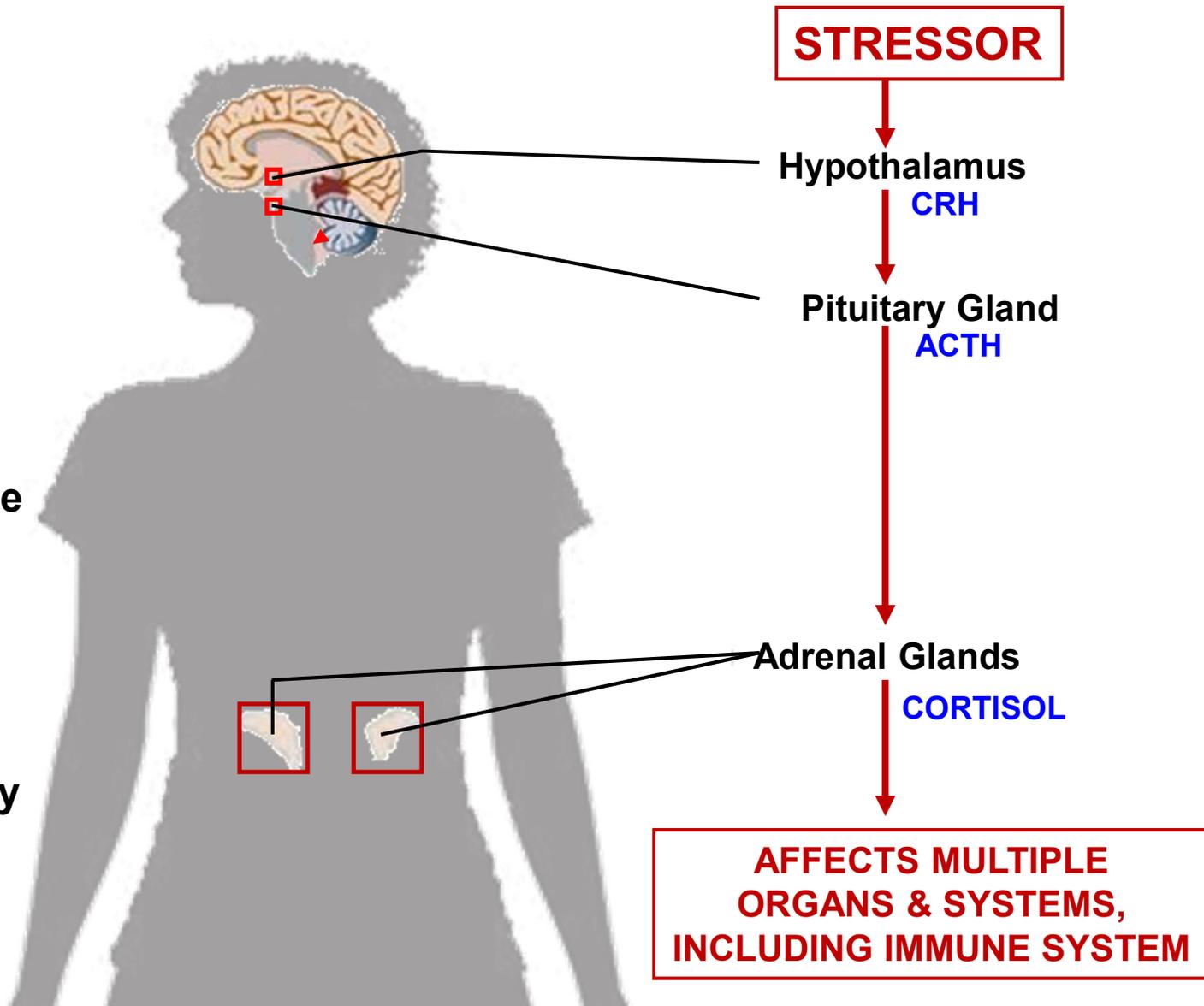
It is this life-long cascade of interacting multiple exposures, balanced against available resources, that are the important determinants of how social inequalities leave their imprint as health disparities.

Poverty and “Race” are intertwined...with each making the other worse. Racism represents a particularly damaging and pervasive exposure. For the poor, it is the venom in the bite of poverty. It is intricately woven into every domain of American life and has cumulative detrimental effects throughout an individual’s lifetime, across all domains, and across generations.

EQUITY/Stress:

The stress → PTB link: Biologically plausible?

A common observation in cases of comorbidity is for one disease to promote or enhance the contagiousness of another disease by facilitating its access through body defenses to susceptible tissues.

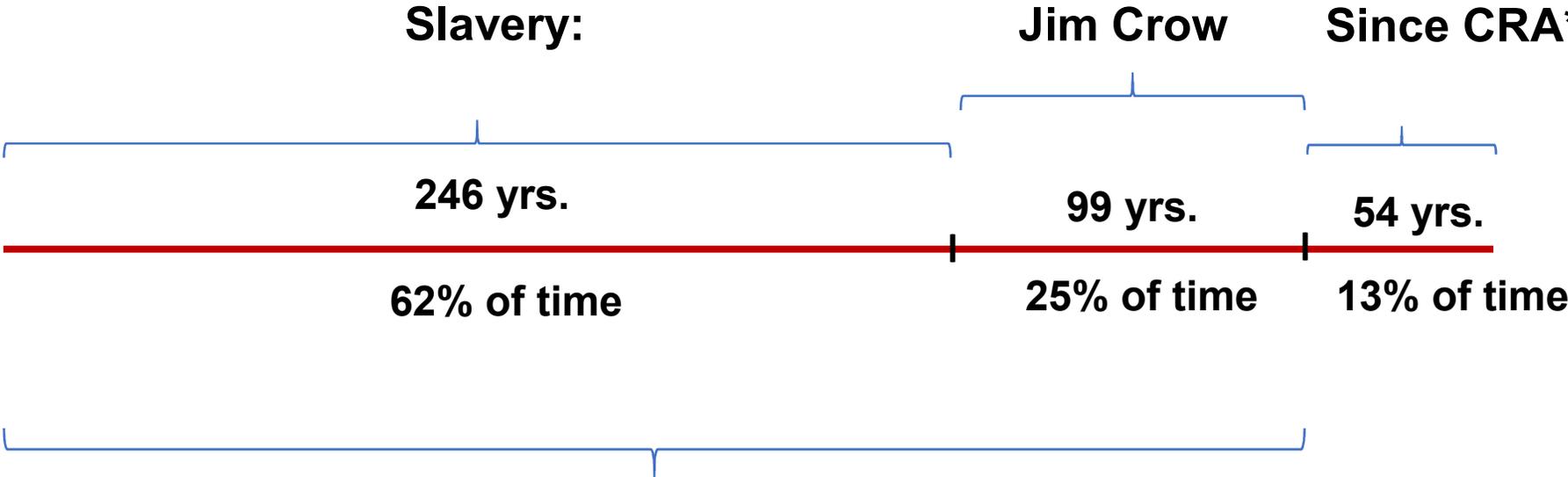


African American Citizenship Status: 1619-2018

Time Span:	Status:	Years:	% U.S. Experience:
1619-1865	Slaves: "Chattel"	246	62%
1865-1964	Jim Crow: virtually no Citizenship rights	99	25.0%
1964-2018*	"Equal"	54	13%
1619-2018	"Struggle" "Unfairness"	399	100%

* USA struggles to transition from segregation & discrimination to integration of AA's

Time-line of African American Experience:



87% of the AA experience either as Slaves or under Jim Crow

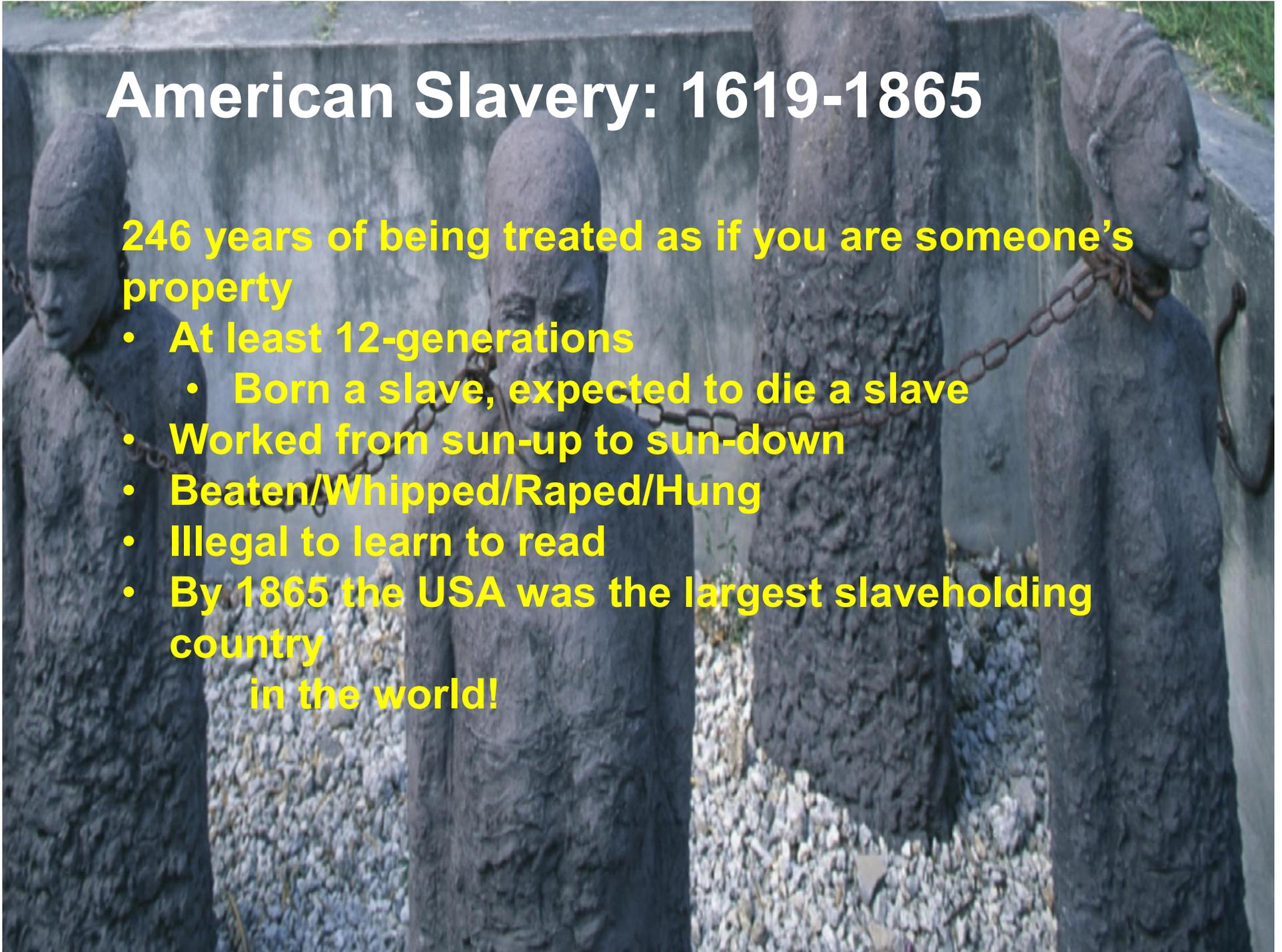
***CRA: Civil Rights Act**

Brief History of the African American Experience:

American Slavery: 1619-1865

246 years of being treated as if you are someone's property

- At least 12-generations
 - Born a slave, expected to die a slave
- Worked from sun-up to sun-down
- Beaten/Whipped/Raped/Hung
- Illegal to learn to read
- By 1865 the USA was the largest slaveholding country
in the world!



Civil War: 1861-1865



Deadliest war in American History:

- Estimated between 620,000 – 750,000 soldiers died
- Total does not include civilian deaths
- Northern (Union) victory resulted in an “end to slavery”



Civil War Amendments

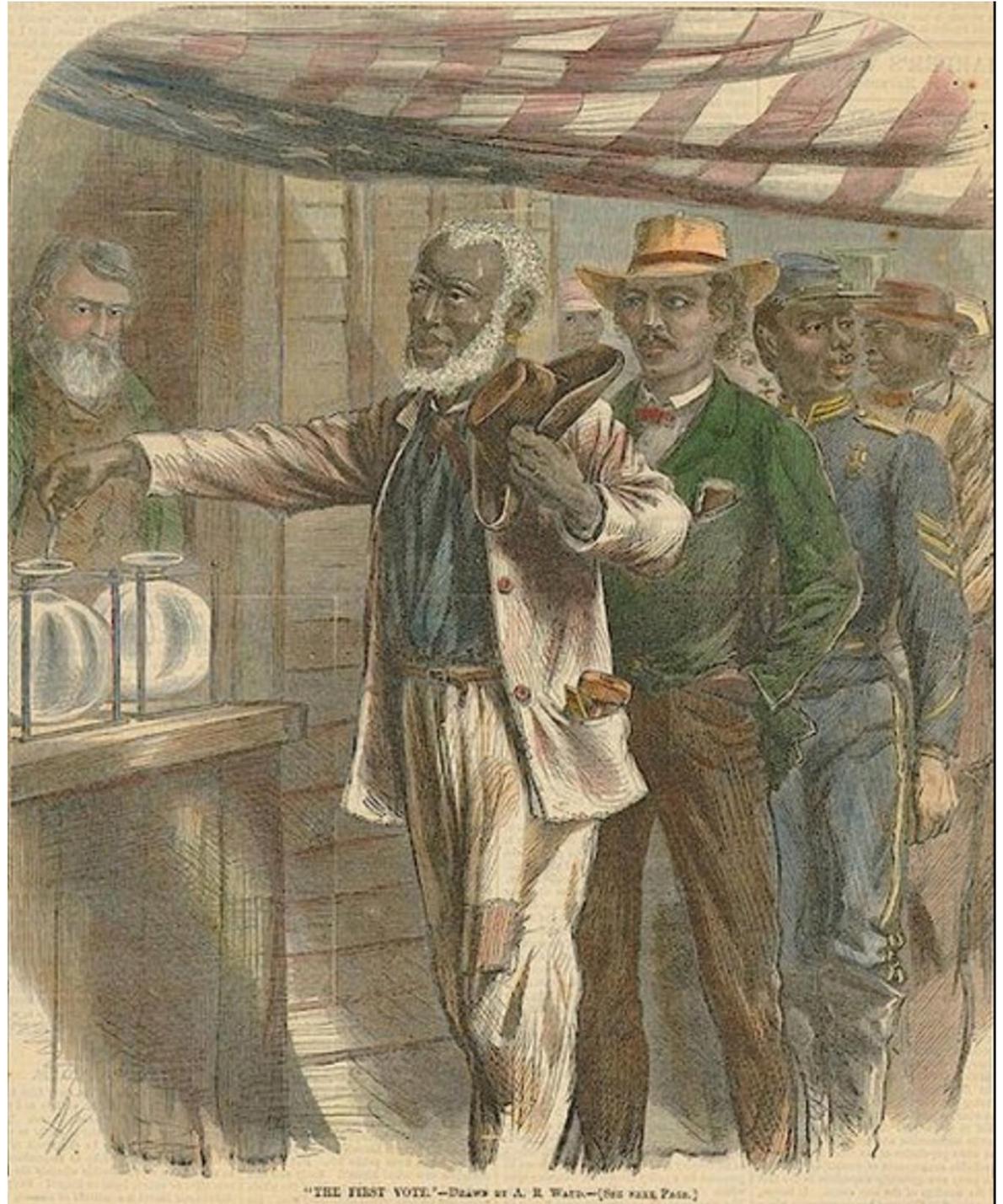
- 13th Amendment
 - Abolishes slavery
- 14th Amendment
 - Makes former slaves citizens of the U.S.
 - All people born in the U.S. (except Indians or visitors) are citizens
- 15th Amendment
 - Gives all men the right to vote, regardless of "race, color, or previous condition of servitude"

Reconstruction Era: 1865-1877

**African Americans
vote for the first
time.**

**(1867 on the cover
of Harper's Weekly)**

**Engraving by Alfred R.
Waud**



Reconstruction Era: 1865-1877:



Sketched group portrait of the first black senator, Hiram Revels, as well as black representatives in Congress during the Reconstruction Era. Circa 1870-1875.

The first black senator, H.R. Revels of Mississippi (far left) and representatives in the 41st and 42nd Congress of the United States during Reconstruction. On view in ~~The Rights of All: Blacks and the U.S. Constitution~~ at the Schomburg Center for Research in Black Culture, 135th Street and Lenox Avenue, April 26 to July 25, 1987.

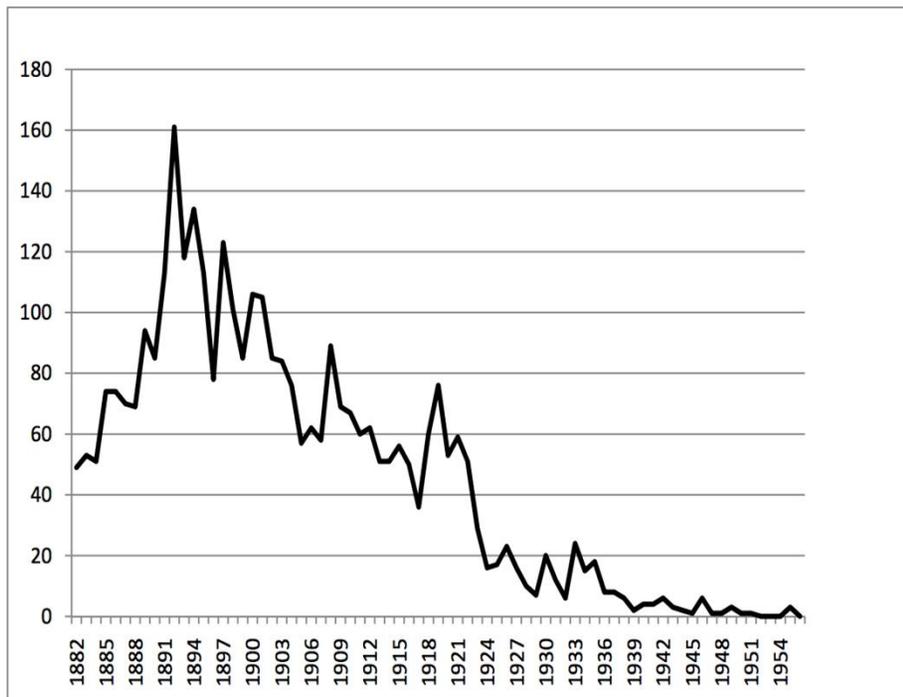
Reconstruction Era: 1865-1877:



Despite federal intervention, **white supremacist organizations like the Ku Klux Klan and The White League terrorized African-Americans in the South.** Early in Reconstruction, the federal government was able to curtail some of the violence, but as the Southern states rejoined the U.S. government, and laws restricting Confederates from holding office were done away with, Southern states passed laws restricting the federal government from intervening to help black Americans in the South.

Jim Crow Era: 1865-1960s

1866: Ku Klux Klan founded: terrorization of Blacks, Jews and other groups.



Source: University of Missouri – Kansas City School of Law,
<http://www.law.umkc.edu/faculty/projects/ftirls/shipp/lynchstats.html>
Data from the Archives of Tuskegee University

Figure 14.1 Lynchings of Blacks per year, 1882-1964.



The memorial captures the brutality and the scale of lynchings throughout the South, where more than **4,000 black men, women and children, died at the hands of white mobs between 1877 and 1950**. Most were in response to perceived infractions – walking behind a white woman, attempting to quit a job, reporting a crime or organizing sharecroppers.

Jim Crow Era: 1865-1960s



1866: Ku Klux Klan founded: terrorization of Blacks.

1870s – 1960s: Jim Crow laws were laws created to enforce racial segregation and preserve the southern way of life. Under the Jim Crow system, “whites only” and “colored” signs proliferated across the South at water fountains, restrooms, bus waiting areas, movie theaters, swimming pools, and public schools. African Americans who dared to challenge segregation faced arrest or violent reprisal.



Jim Crow Era: 1865-1960s



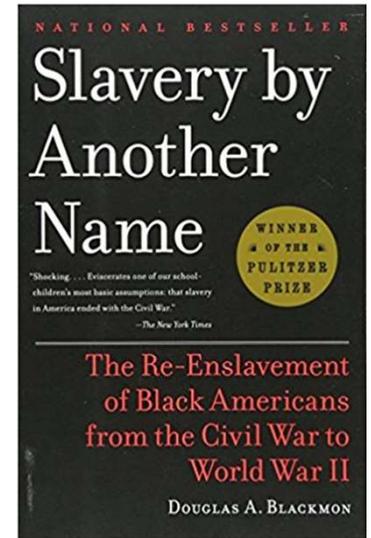
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In 1896, the Supreme Court declared Jim Crow segregation legal in the *Plessy v. Ferguson* decision. The Court ruled that “separate but equal” accommodations for African Americans were permitted under the Constitution. **This helped “legitimize” Jim Crow segregation and facilitated its adoption across much of the entire United States.**



Jim Crow Era: 1865-1960s



1866: Ku Klux Klan founded: terrorization of Blacks and Jews.

1870s – 1960s: Jim Crow laws

1865- 1961: Neo-Slavery. Under laws enacted specifically to intimidate blacks, tens of thousands of African Americans were arbitrarily arrested, hit with outrageous fines, and charged for the costs of their own arrests. With no means to pay these ostensible “debts,” **prisoners were sold as forced laborers to coal mines, lumber camps, brickyards, railroads, quarries and farm plantations. Thousands of other African Americans were simply seized by southern landowners and compelled into years of involuntary servitude.**

Government officials leased falsely imprisoned blacks to small-town entrepreneurs, provincial farmers, and dozens of corporations—including U.S. Steel Corp.—looking for cheap and abundant labor. Armies of “free” black men labored without compensation, were repeatedly bought and sold, and were forced through beatings and physical torture to do the bidding of white masters for decades after the official abolition of American slavery.

Jim Crow Era: 1865-1960s

1866: Ku Klux Klan founded: terrorization of Blacks and Jews.

1870s – 1960s: Jim Crow laws

1865- 1961: Neo-Slavery.

1932 – 1972: The Tuskegee Experiment was a notorious medical research project involving 389 poor African-American men that took place from 1932 to 1972 in Macon County, Alabama. The men in the study had syphilis, a sexually transmitted infection, but didn't know it. Instead they were told they had "bad blood" and given placebos, even after the disease became treatable with penicillin in the 1940s.

- By the end of the study, only 74 of the test subjects were still alive. Twenty-eight of the men had died directly of syphilis, 100 were dead of related complications, 40 of their wives had been infected, and 19 of their children had been born with congenital syphilis.



Jim Crow Era: 1865-1960s

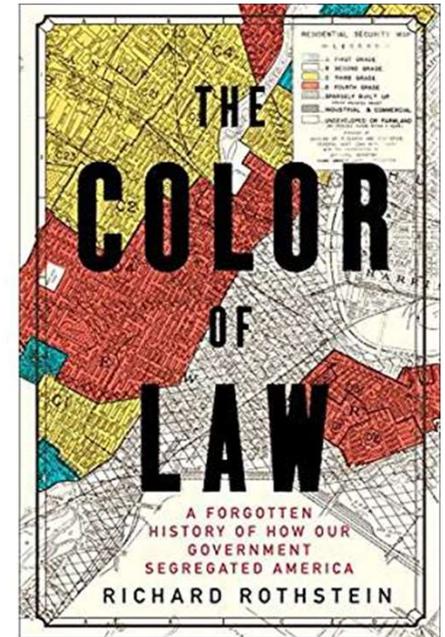
1866: Ku Klux Klan founded: terrorization of Blacks and J

1870s – 1960s: Jim Crow laws

1865- 1961: Neo-Slavery.

1932 – 1972: The Tuskegee Experiment

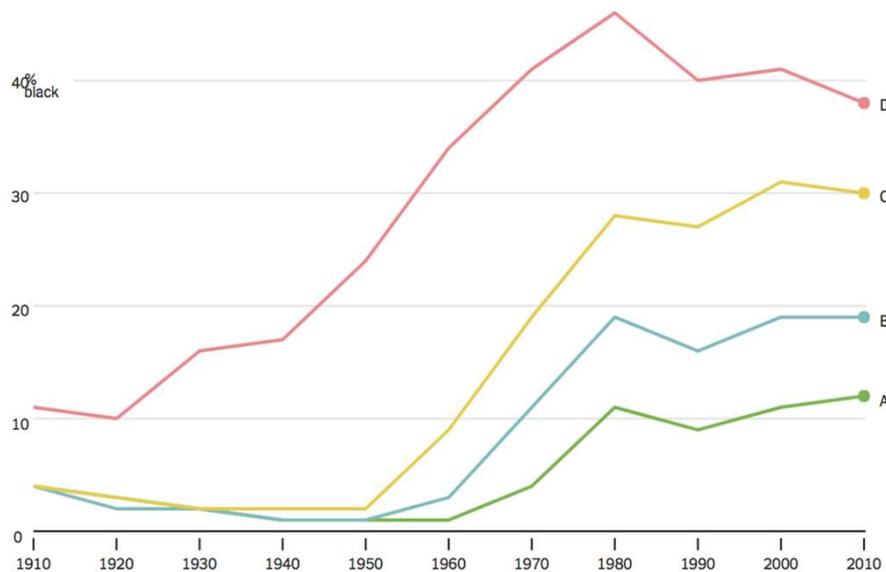
1930s – now: Housing discrimination. Restrictive Covenants, Redlining, etc.. According to Richard Rothstein: **“Today’s residential segregation is not the unintended consequence of individual choices and of otherwise well-meaning law or regulation but of unhidden public policy that explicitly segregated every metropolitan area in the United States. The policy was so systemic and forceful that its effects endure to the present time.”**



Jim Crow Era: 1865-1960s

1930s – now: Housing discrimination

Redlined Neighborhoods Have the Highest Share of Black Residents
D-rated neighborhoods were considered 'hazardous,' A-rated neighborhoods the 'best.' AUG. 23, 2017



Data from 149 cities mapped by the Home Owners' Loan Corporation in the 1930s.

Source: 'The Effects of the 1930s HOLC "Redlining" Maps' by D. Aaronson, D. Hartley, B. Mazumder.

“Of the 171 largest cities in the U.S., there is not even one city where whites live in equal conditions to those of blacks

The worst urban context in which whites reside is considerably better than the average context of black communities.”

Sampson & Wilson 1995

Jim Crow Era: 1865-1960s

1866: Ku Klux Klan founded: terrorization of Blacks and Jews.

1870s – 1960s: Jim Crow laws

1865- 1961: Neo-Slavery.

1932 – 1972: The Tuskegee Experiment

1930s – now: Housing discrimination.

1944 -- The GI Bill “Instead of seizing the opportunity to end institutionalized racism, the federal government did its best to shut and double seal the postwar window of opportunity in African Americans’ faces. It consistently refused to combat segregation in the social institutions that were key for upward mobility: education, housing, and employment. Moreover, federal programs that were themselves designed to assist demobilized (returning) GIs and young families systematically discriminated against African Americans.” (Paula S. Rothenberg, White Privilege: Essential Readings on the Other Side of Racism)

Jim Crow Era: 1865-1960s

1944: The GI Bill, a series of programs that poured \$95 billion into expanding opportunity for soldiers returning from World War II. The G.I. Bill helped 16 million veterans attend college, receive job training, start businesses and purchase their first homes.

African-American veterans received significantly less help from the G.I. Bill than their white counterparts. Written under Southern auspices, **"the law was deliberately designed to accommodate Jim Crow."** It was "as though the G.I. Bill had been earmarked 'For White Veterans Only.' " Southern Congressional leaders made certain that the programs were directed not by Washington but by local white officials, businessmen, bankers and college administrators who would honor past practices. As a result, thousands of black veterans in the South -- and the North as well -- were denied housing and business loans, as well as admission to whites-only colleges and universities. They were also excluded from job-training programs for careers in promising new fields like radio and electrical work, commercial photography and mechanics. Instead, most African-Americans were channeled toward traditional, low-paying "black jobs" and small black colleges, which were pitifully underfinanced and ill equipped to meet the needs of a surging enrollment of returning soldiers.

WHEN AFFIRMATIVE ACTION WAS WHITE An Untold History of Racial Inequality in Twentieth-Century America. By Ira Katznelson

**After passage of the Civil
Rights Act: 1964 -- now**

Post Civil Rights Act: 1964 -- present

EQUITY? We keep knocking on this door...“the same analysis, the same recommendations, and the same inaction.” Dr. Kenneth B. Clark

- And during my life time...
 - Brown vs. Board of Education (1954)
 - Sit-in Movement of the 1960s
 - Freedom Riders
 - Birmingham Protests
 - The March on Washington
 - Civil Rights Act (1964)
 - Mississippi Freedom Rides
 - Selma to Montgomery March
 - Voting Rights Act (eroded)
 - Race Riots of the 1960s
 - Kerner Commission Report (1968)
 - No Action
 - “Black Power”, Malcolm X
 - Dr. Martin Luther King, Jr.
 - Affirmative Action (now, essentially g
 - Current Urban Unrest...
 - Police shootings
 - Black Lives Matter
 - Take a Knee

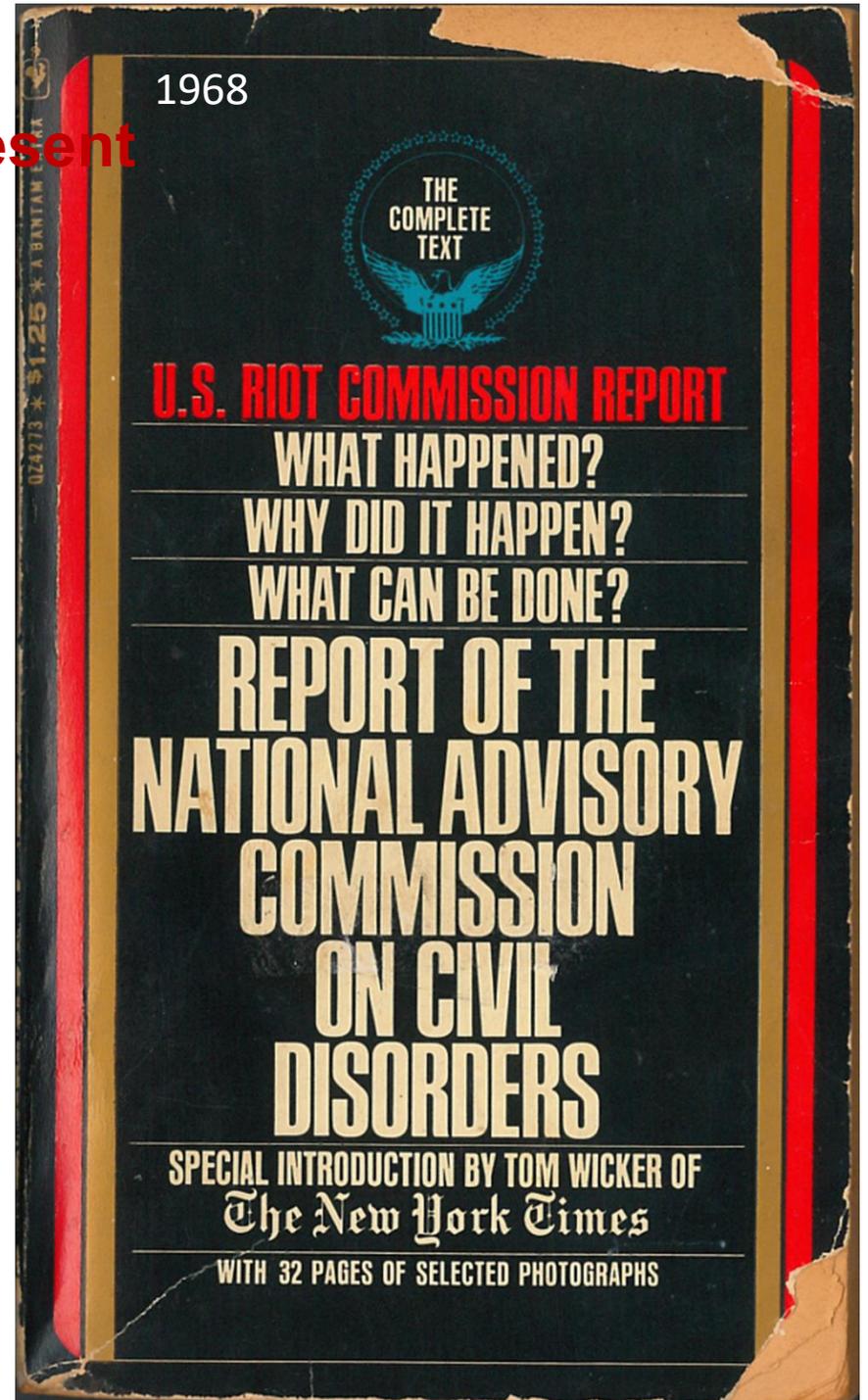


Black America

Post Civil Rights Act: 1964 -- present

1968: Kerner Commission Report:

“Our nation is moving toward two societies, one black, one white—separate and unequal.”



1968



U.S. RIOT COMMISSION REPORT

**WHAT HAPPENED?
WHY DID IT HAPPEN?
WHAT CAN BE DONE?**

**REPORT OF THE
NATIONAL ADVISORY
COMMISSION
ON CIVIL
DISORDERS**

**SPECIAL INTRODUCTION BY TOM WICKER OF
The New York Times**

WITH 32 PAGES OF SELECTED PHOTOGRAPHS

024273 * \$1.25 * A BANTAM EXTRA

MAY 11, 2015

TIME



2015
~~AMERICA, 1968~~

WHAT HAS CHANGED.
WHAT HASN'T.
BY DAVID VON DREHLE

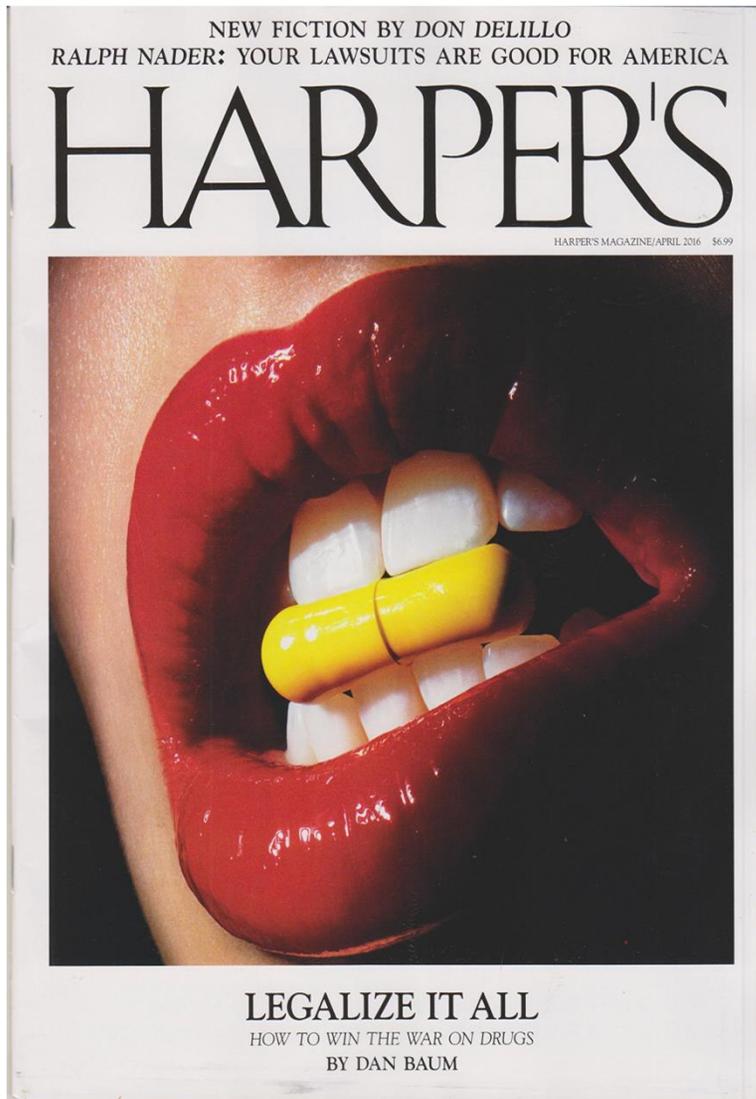
**What's Changed?
Disparities have gotten worse!**

time.com

Mass incarceration in America:



Aide says Nixon's war on drugs targeted blacks & hippies:



Washington (CNN): One of Richard Nixon's top advisers and a key figure in the Watergate scandal said **the war on drugs was created** as a political tool to fight blacks and hippies, according to a 22-year-old interview recently published in Harper's Magazine.

"The Nixon campaign in 1968, and the Nixon White House after that, had two enemies: the antiwar left and black people,"

former Nixon domestic policy chief John Ehrlichman **told [Harper's writer Dan Baum](#)** for the April 2016 cover story.

Ronald Reagan and 'War on Drugs'

October 14, 1982, President Ronald Reagan re-declared a “war on drugs,” doubling-down on an initiative that was started by Richard Nixon. Reagan declared that illicit drugs were a direct threat to U.S. national security and through a series of legislation, like the mandatory minimum sentencing laws of 1986, made a hard right turn away from a [public health approach to drug use](#).

By creating mandatory minimum sentencing, drug offenders faced **lifetime consequences for minor infractions**, yet the focus on tough sentences for crack and not powder cocaine meant the people going to prison were largely black and brown. The media seemed to play along, hyping up threats with racist coverage that largely ignored rampant cocaine use amongst whites and sensationalized the crack problem in inner-city black neighborhoods.

<https://timeline.com/ronald-nancy-reagan-war-on-drugs-crack-baby-just-say-no-cia-communism-racial-injustice-fcfeadb3548d>

“The War on Drugs is a war on people, but particularly it’s been a war on low-income people and a war on minorities. We know in the United States of America there is no difference in drug use between black, white and Latinos.

But compared to whites, Latinos experience a 2x increased risk of arrest for drug use, and Blacks a 4x increased risk.

This drug war has done much to destroy, undermine, sabotage families, communities, neighborhoods, & cities.”

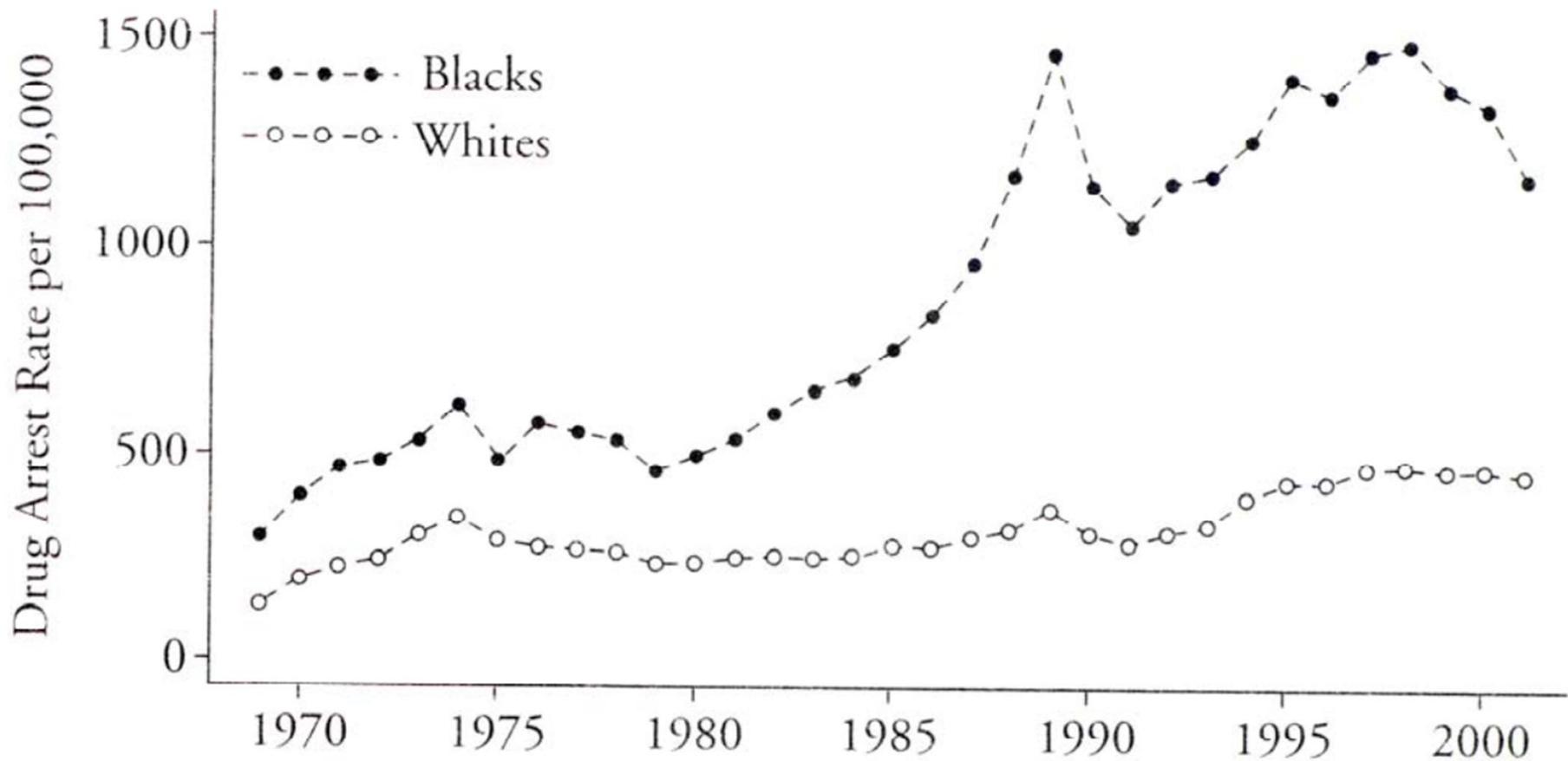
Cory Booker



“The war on drugs has been the engine of mass incarceration.

Drug convictions alone constituted about two-thirds of the increase in the federal prison population and more than half of the increase in the state prison population between 1985 and 2000...”

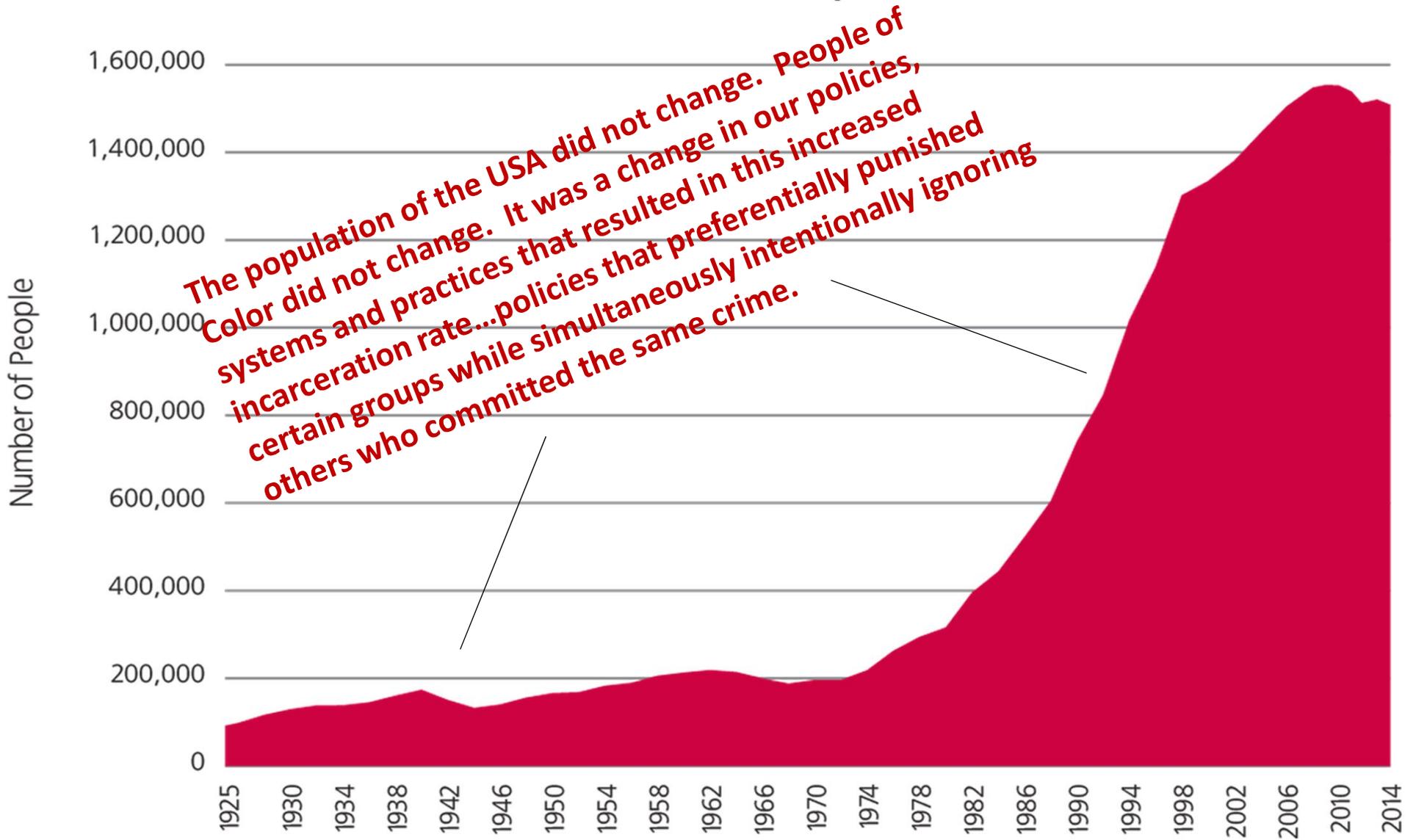
[Michelle Alexander, *The New Jim Crow: Mass Incarceration in the Age of Colorblindness*](#)



Source: Bruce Western, *Punishment and Inequality in America* (New York: Russell Sage Foundation, 2006), p.46

Figure 14.16 Arrests for Drug Offences, 1971-2001

U.S. State and Federal Prison Population, 1925-2014



Source: Bureau of Justice Statistics *Prisoners Series*.

10-24



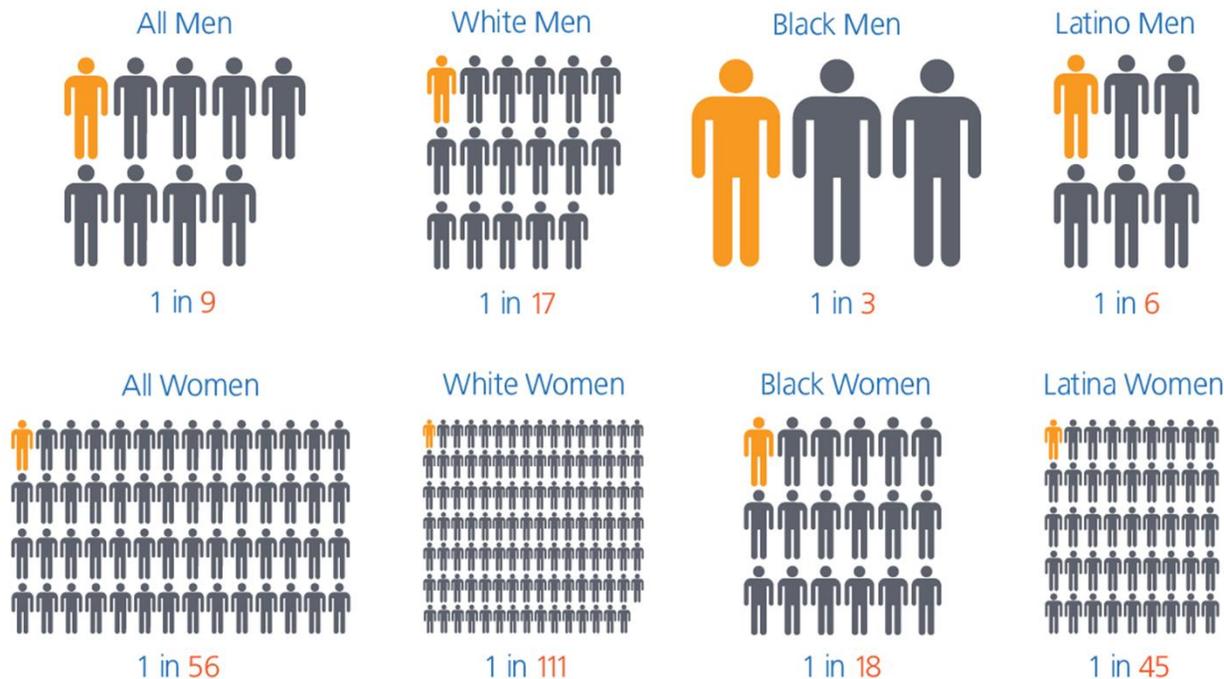
St. Petersburg Times

don
addis

Criminal Records Nationally:

Disproportionate impact on certain communities

Lifetime Likelihood of Imprisonment

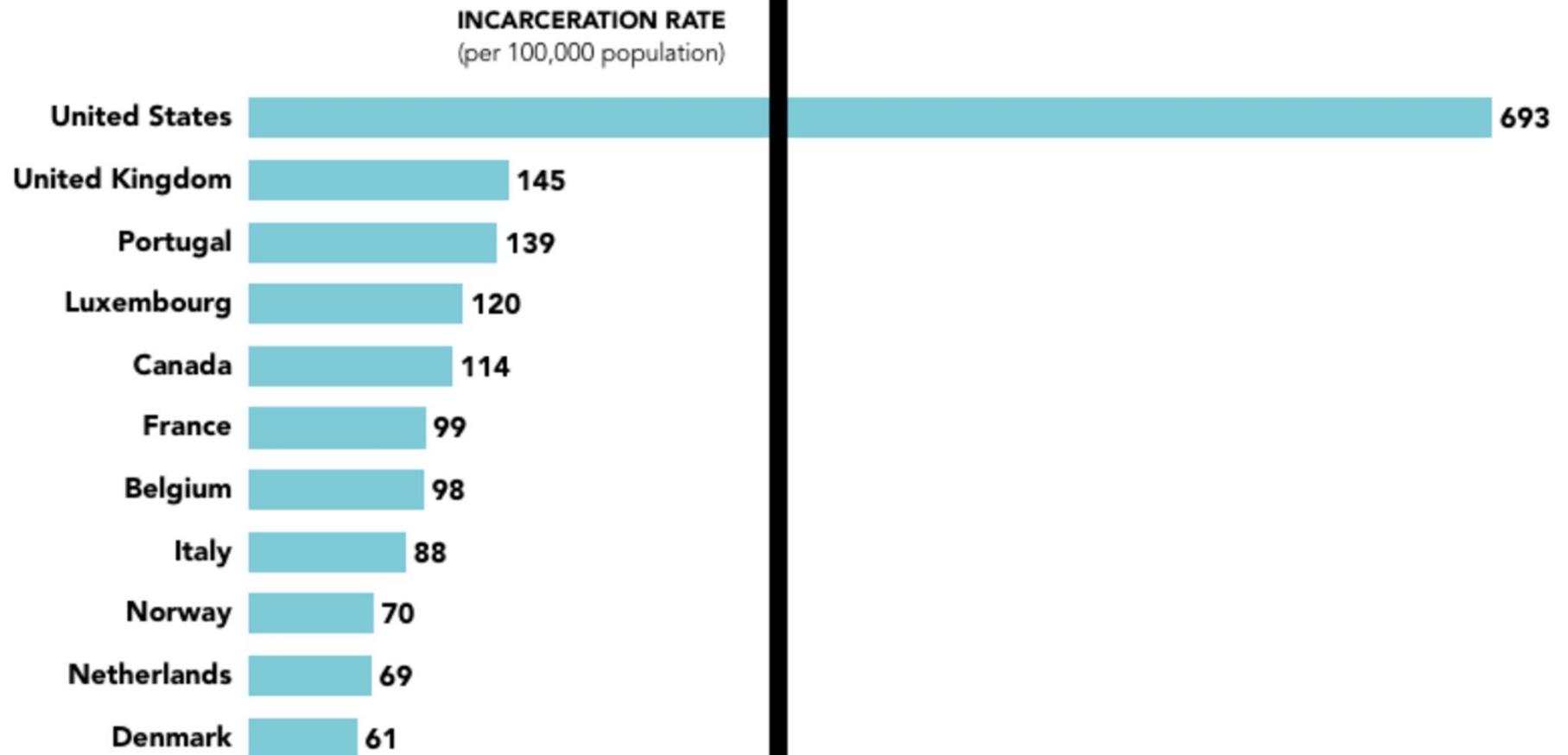


Source: Bonczar, T. (2003). *Prevalence of Imprisonment in the U.S. Population, 1974-2001*. Washington, D.C.: Bureau of Justice Statistics.



INCARCERATION RATES

AMONG FOUNDING NATO MEMBERS



Source: <http://www.prisonpolicy.org/global/2016.html>

When President Nixon declared war on drugs on June 17, 1971, about 110 people per 100,000 in the population were incarcerated. Today, we have 2-3 million prisoners: 743 people per 100,000 in the population.

The U.S. has 5% of the world's population, but 25% of its prisoners.

Maia Szalavitz

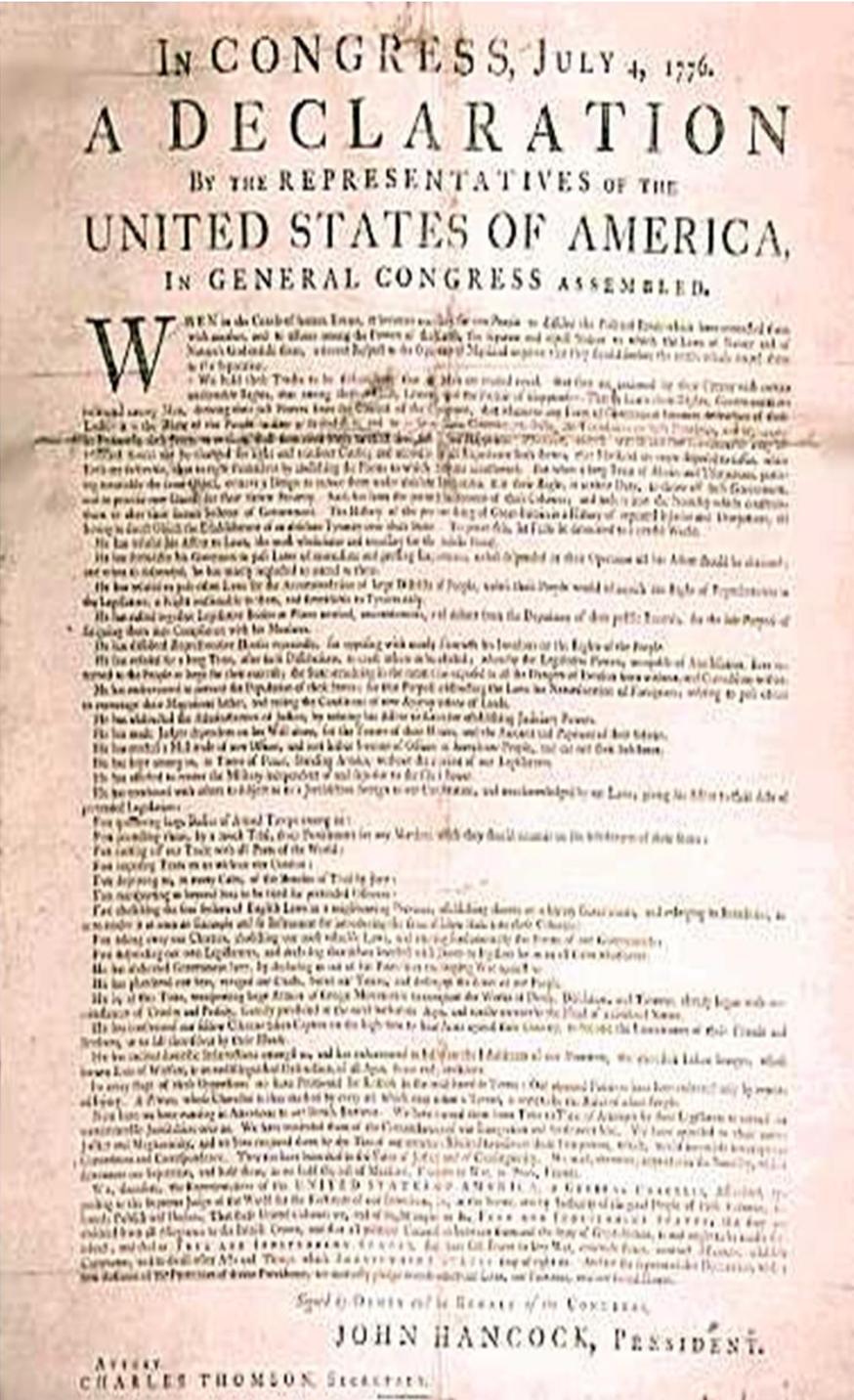
Now:

**The USA
Medicalized
response to
Opioids:
85-90% White
& much more
lethal than
Crack (64,000
overdose
deaths
primarily
from Opioids
in 2016)**



1970-now:

**The USA
criminalized
response
to CRACK
Cocaine:
devastating
communities
of color**

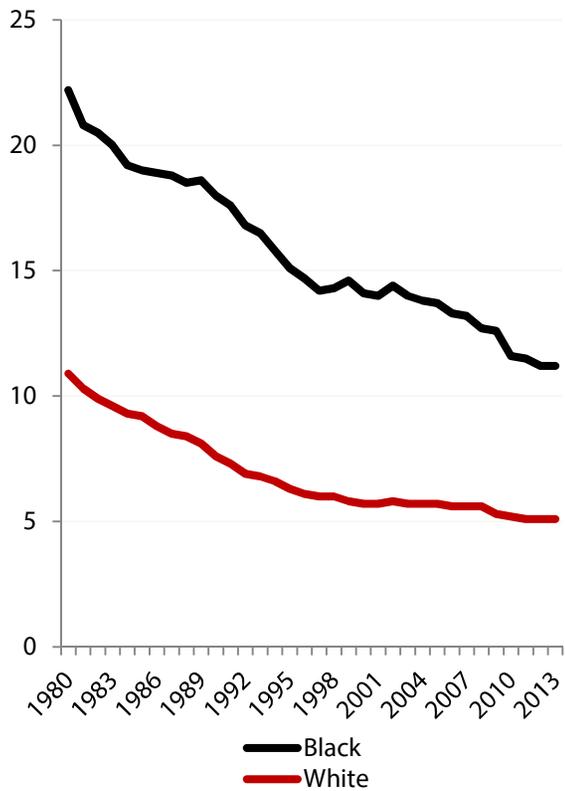


U.S. Declaration of Independence

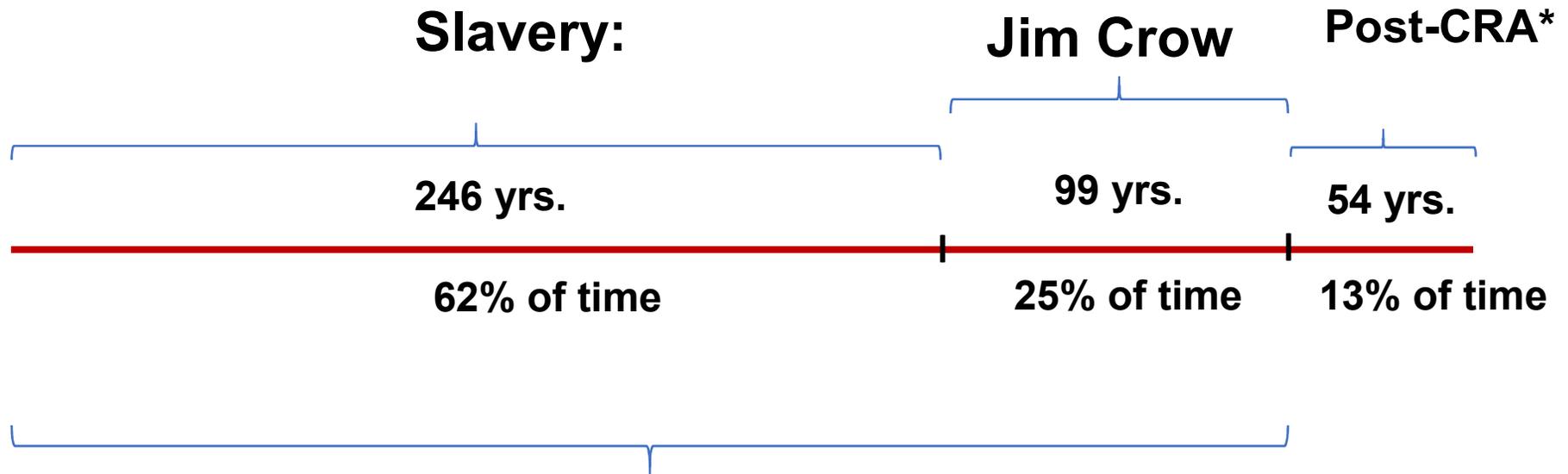
The second paragraph of America's founding document states:

"We hold these truths to be self-evident, **that all men are created equal**, that they are endowed by their Creator with certain unalienable rights, that among these are life, liberty and the pursuit of happiness."

Events like Hurricane Katrina, the increased incidence of killing unarmed black people, our country's high incarceration rate of POC... & our disparate IMRs all remind us that not all of us benefit from this Declaration equally.



Time-line of African American Experience:



87% of the AA experience either as Slaves or under Jim Crow

Hx. characterized by an uninterrupted continuum of providing substantial advantage to Whites while, simultaneously, exposing African Americans to substantial disadvantage & hardship.

***CRA: Civil Rights Act**

art james

“Disparities in health, education, employment, and wealth, along with persistent residential segregation, are vestiges of a long history of oppression and denial of fundamental human rights.

The legacy of racial injustice shadows this nation and African American Communities in the form of persistent infant mortality disparities.

True healing must emerge through acknowledgement, reconciliation, and amelioration of the inequalities that continue to disproportionately burden African Americans and other people of color.”

Gail Christopher, 2005

“Focusing on prenatal care in our public health policy prescription for infant mortality disparities:

- ignores the *historical and* socioeconomic context in which women *and people of color* live,
- medicalizes a problem that is socially and historically complex, and thus
- contributes to the illusion that there is a ‘medical policy bullet’ that can provide a comprehensive and efficacious solution”

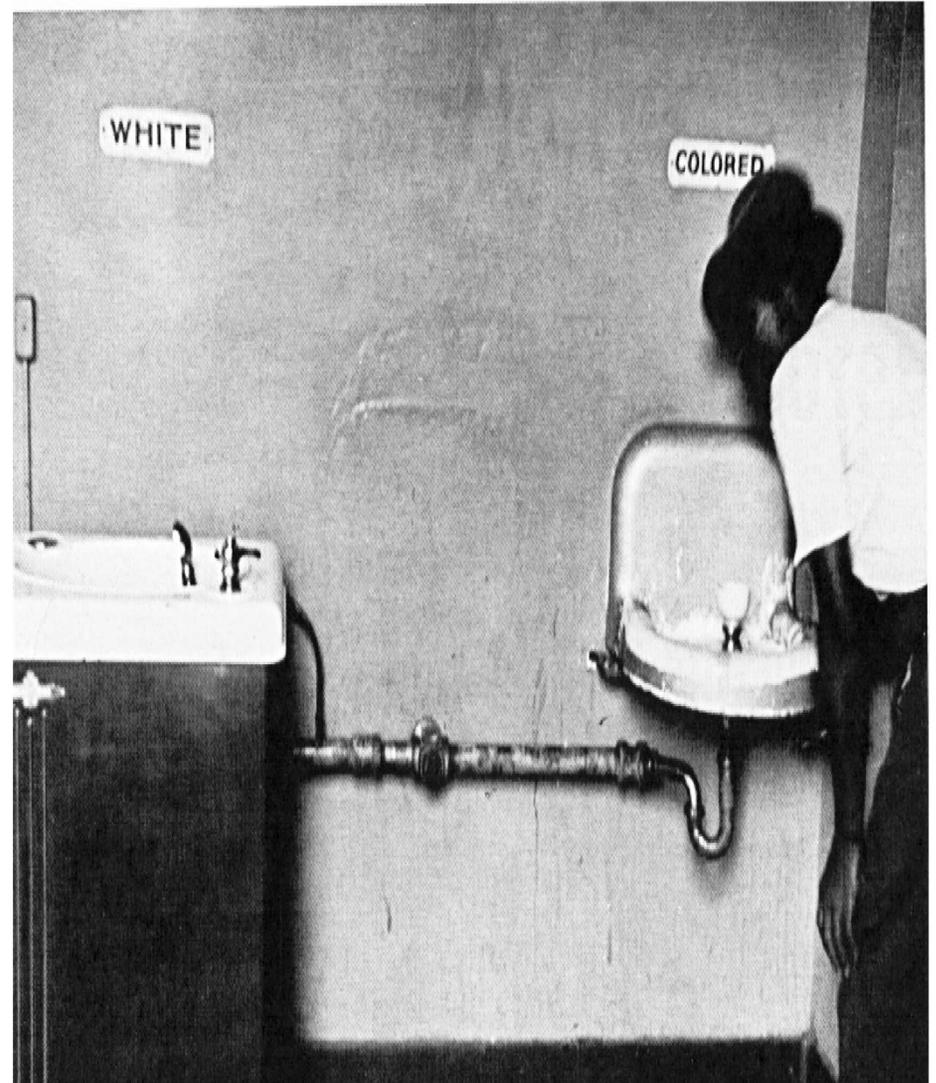
Frisch & Lantz 1999

Racial Disparities: are not “natural... we made it this way?”

We often perceive racial health disparities as consequences of “nature”. As such, we convince ourselves that these differences are “fixed” or “hardwired”; a part of what is different about us as people and therefore cannot be changed.

Similarly, we also often see America as it is instead of an America as it should be...and we accept the difference between the two as “normal”.

However, these disparities are differences that we created, differences that occur as a consequence of systems that we put into place. Therefore, we know they can be changed and would suggest that their persistence is in part because of our unwillingness to “undo” what we have done.



The Real Narrative About What Creates Health Inequities:

- **Disparities are not just because of lack of access to health care or to poor individual choices.**
- **Disparities are mostly the result of policy decisions that systematically disadvantage some populations over others.**
 - **Especially, populations of color and low income**
 - **Structural Racism**

What's our Goal?



Neighborhood
Revitalization

Universal Health Insurance

Health Equity

Access to Care

Poverty Reduction

Decrease
Health Disparities

Cultural Competency

Immigrant Deportation

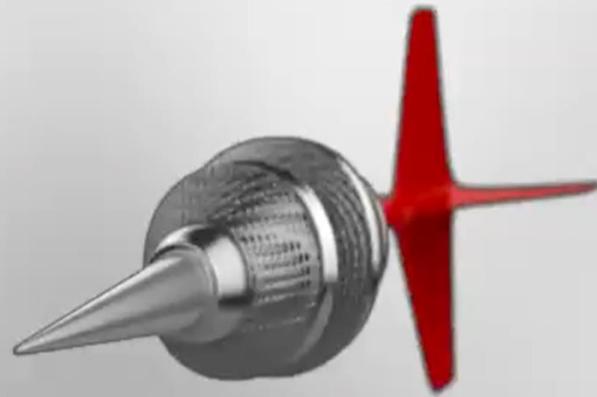
“ Social inequality kills. It deprives individuals and communities of a healthy start in life, increases their burden of disability and disease, and brings early death.

- **Poverty and discrimination,**
- **Inadequate medical care,**
- **and violation of human rights**

all act as powerful social determinants of who lives and who dies, at what age, and with what degree of suffering.”

Nancy Krieger (2005). Health Disparities and the body. Boston: Harvard School of Public Health

EQUITY should be our primary goal...all else is derivative



Our sobering Reality:

Despite having sacrificed a tremendous # of lives in a Civil War that ended Slavery...within 12-years our government essentially abandoned the freed slaves in exchange for providing **State's Rights** and the re-establishment of the **"Southern Way of Life"**. As of today this "way of life" marginalizes and demeans African Americans and other people of color & it has spread throughout the entire USA (housing discrimination, racially restrictive covenants, suppression of voting rights, gerrymandering, separate but equal, DACA, police shootings, the manner by which our national leadership demeans people of color, etc.) **The NORTH won the Civil War, but the "SOUTH" seems to have won the peace!**

At the end of the Civil War the United States was the largest Slave-holding Country in the world. Fast forward 100-years and our country arrest enough of the descendants of those slaves that now the United States of America has the highest incarceration rate of any nation on earth.

Bottom-line: As citizens of the United States of America, African Americans are dependent on the same government that enslaved and oppresses us...to SAVE US! And after nearly 400-years, this government has proven that being fair to us is not on its radar screen.

art james

Eliminate Excuses:

Relationship:

“Inclusion”

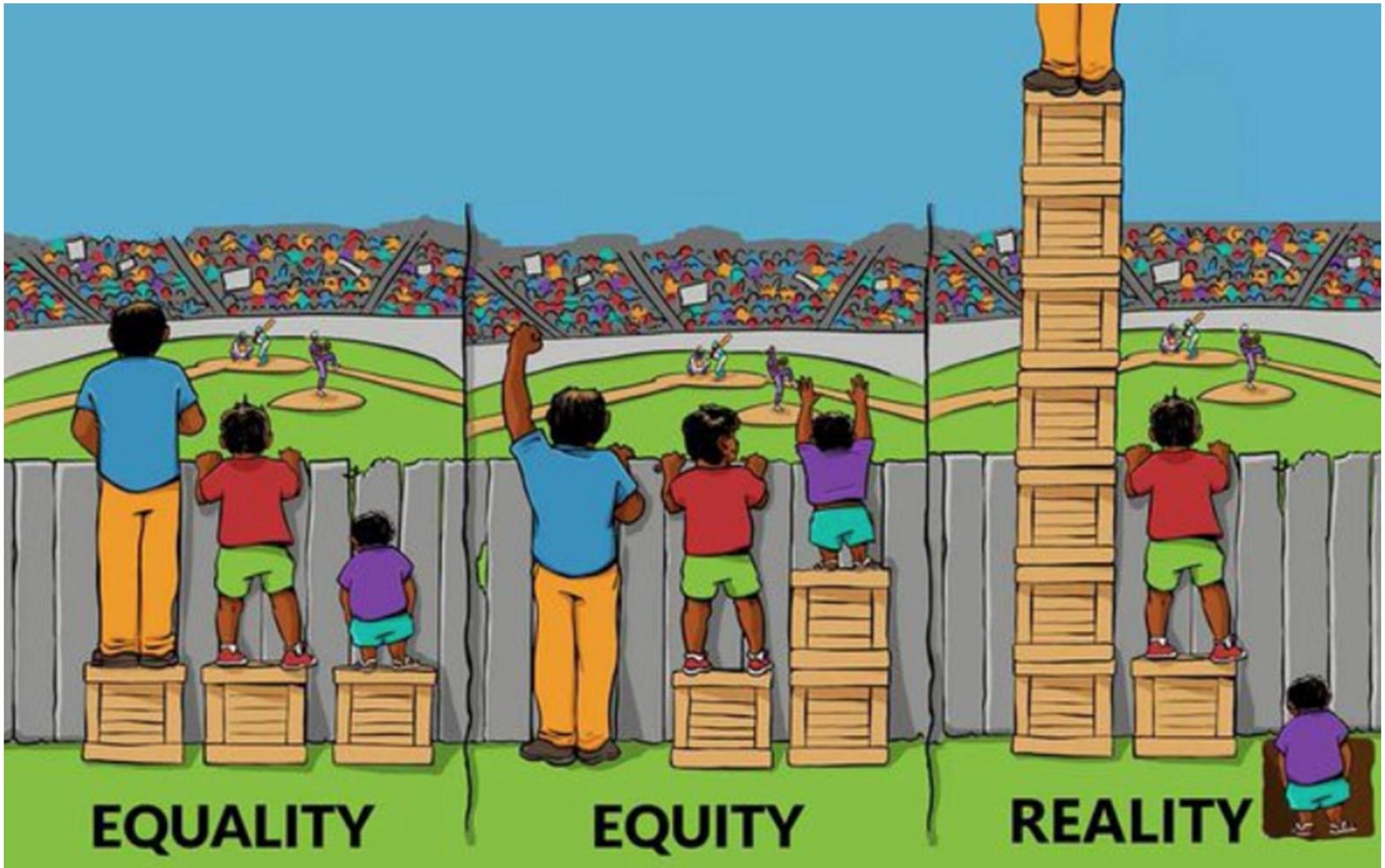


No more about us without us

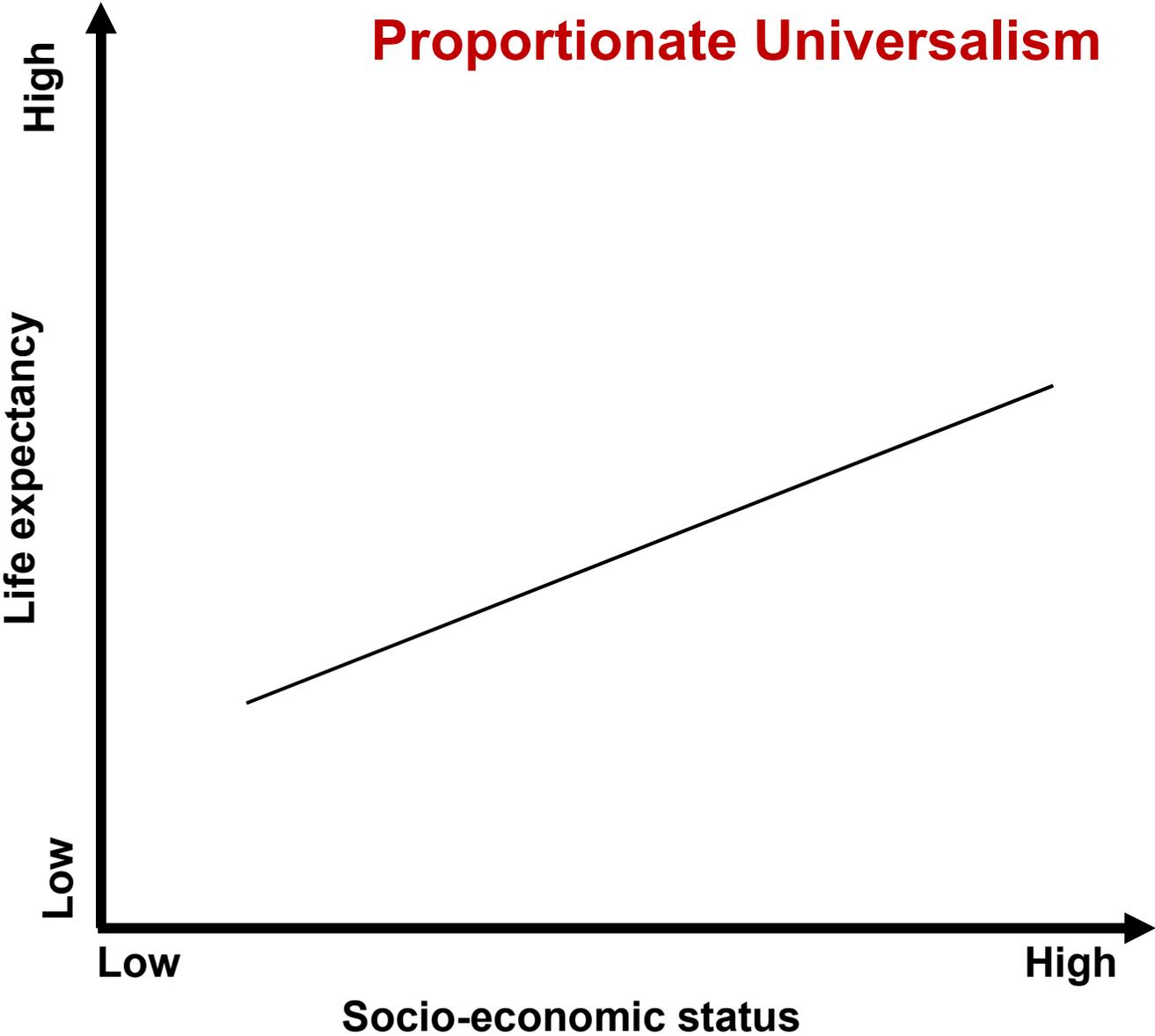
STOP trying to fix the Black
Community for the Black
Community

Proportionate Universalism or “Targeted Universalism”

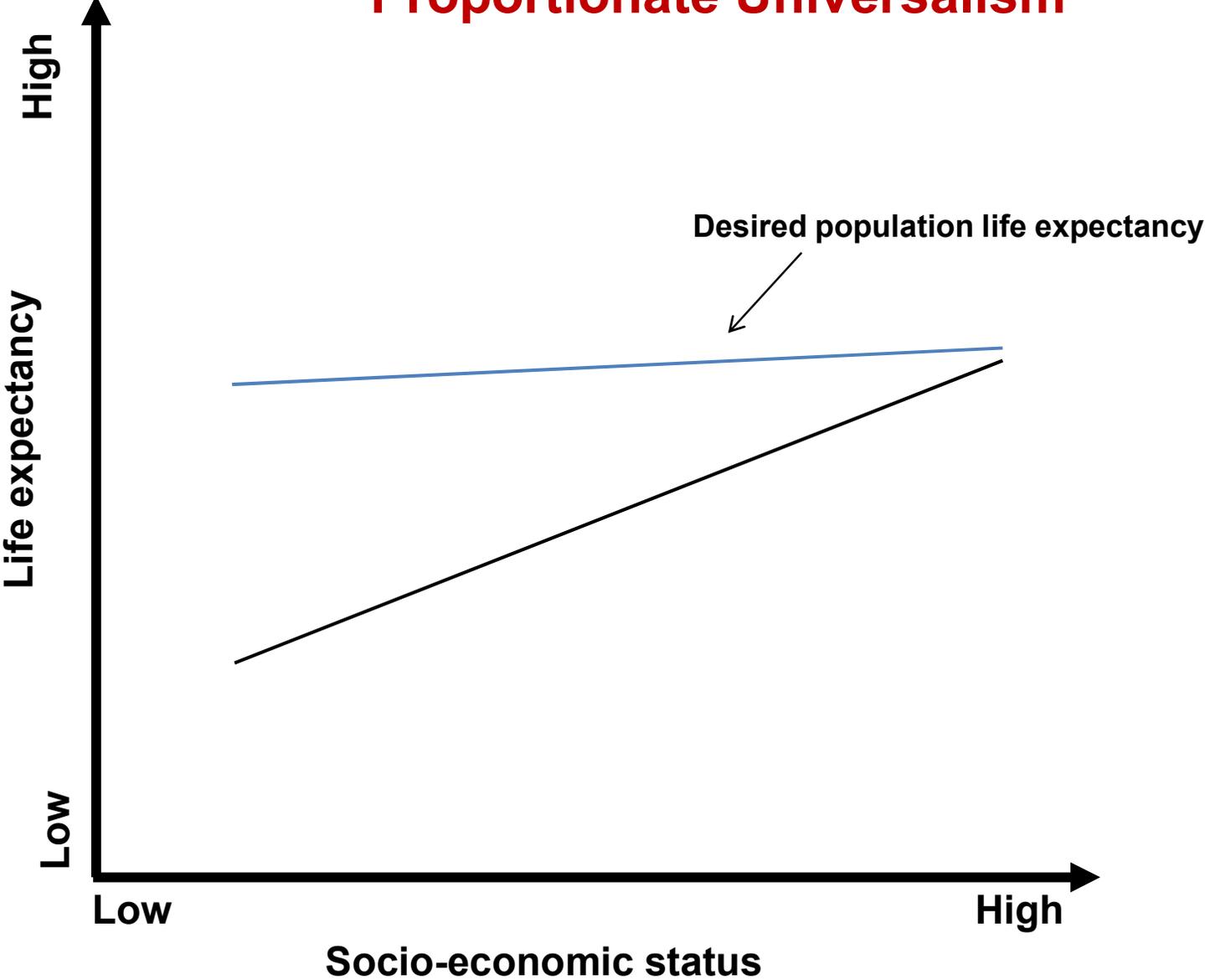
We Need to Aim for Equity – Not Equality



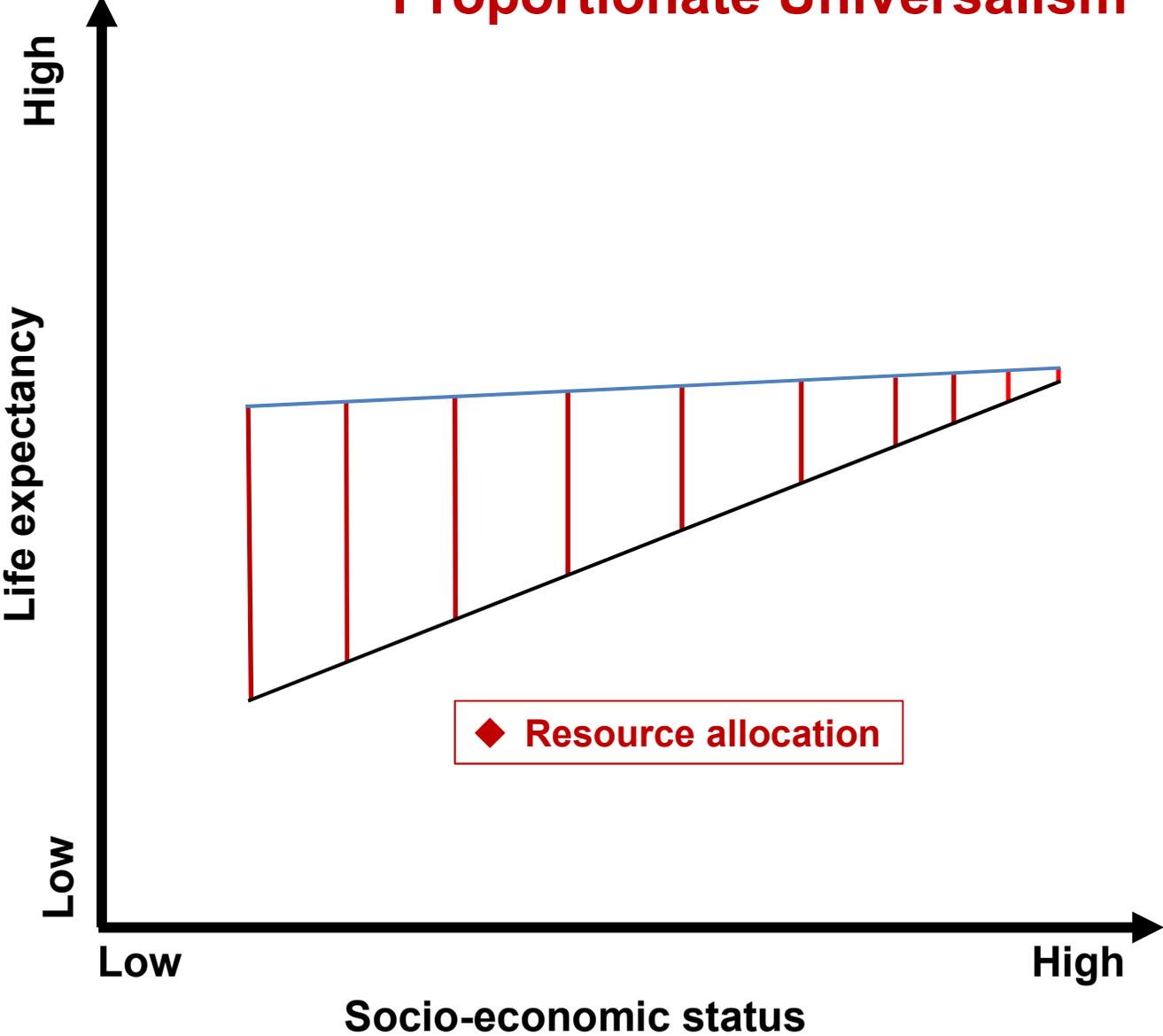
Proportionate Universalism



Proportionate Universalism



Proportionate Universalism



Key themes from the evidence

- Reducing health inequalities is a matter of social justice – where inequality is avoidable by policy means it is unfair and unjust.
- Health inequalities result from social inequalities – requires action on the social determinants – the causes of the causes
- **Action across all the policy objectives is necessary across the social gradient with a scale and intensity proportionate to the level of disadvantage.** (Proportionate universalism)
- Reducing health inequalities is vital for the economy – cost of inaction immense .
- Concerted action with a shift to prevention across central and local government, the NHS, 3rd and private sectors and community groups.
- Empowering individuals and communities is at the centre of action to reduce health inequalities .



Life Course:



A 12-Point Plan to Address MCH Across the Life Course

Improving Health Care Services

1. Provide interconception care
2. Increase access to preconception care
3. Improve the quality of prenatal care
4. Expand health care access over the life course

Strengthening Families and Communities

5. Strengthen father involvement in families

6. Enhance service coordination and systems integration
7. Create reproductive social capital in communities
8. Invest in community mental health, social support, and urban renewal

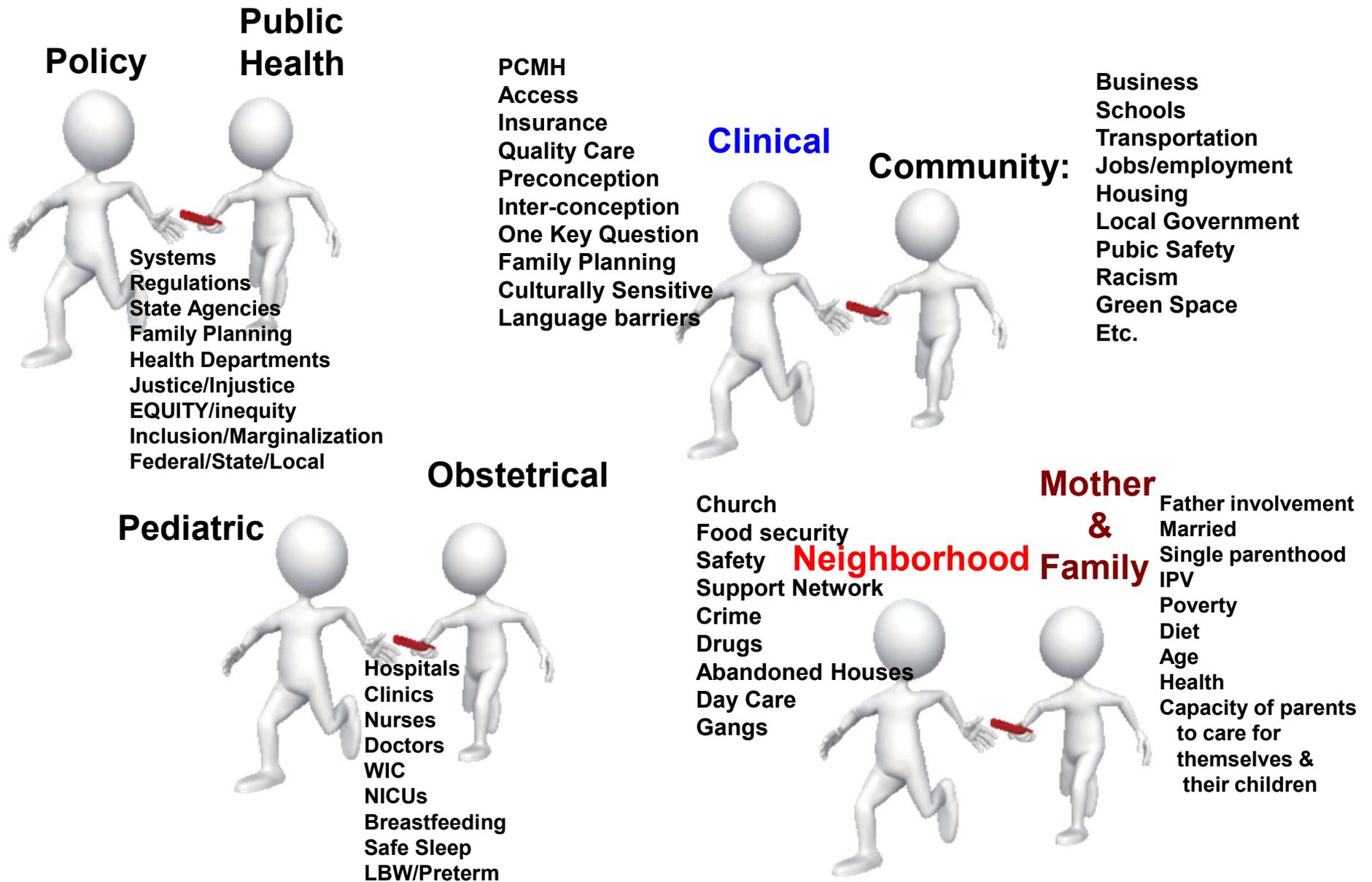
Addressing social and economic inequities

9. Close the education gap
10. Reduce poverty
11. Support working mothers and families
12. Undo racism

It takes a Village...

(no single organization has the resources, scope of influence or expertise to eliminate racial disparities in infant mortality by themselves...it takes all of us)

Infant Mortality Reduction is not a sprint, it is a “Relay-Marathon” ... and it takes the entire Village



Advocacy:



By themselves are not good enough...

**we must advocate AND mobilize to
save our babies.**

Advocacy can be challenging because, as individuals, some (many) of us work for organizations that prohibit advocacy -- or the organization might insist that you can only say what they approve of...even if it is not always in the best interest of improving infant mortality or improving the racial disparity in birth outcomes. You have to follow your personal "moral compass."



Turning up
the Volume
on Infant Mortality

Every Baby Matters!

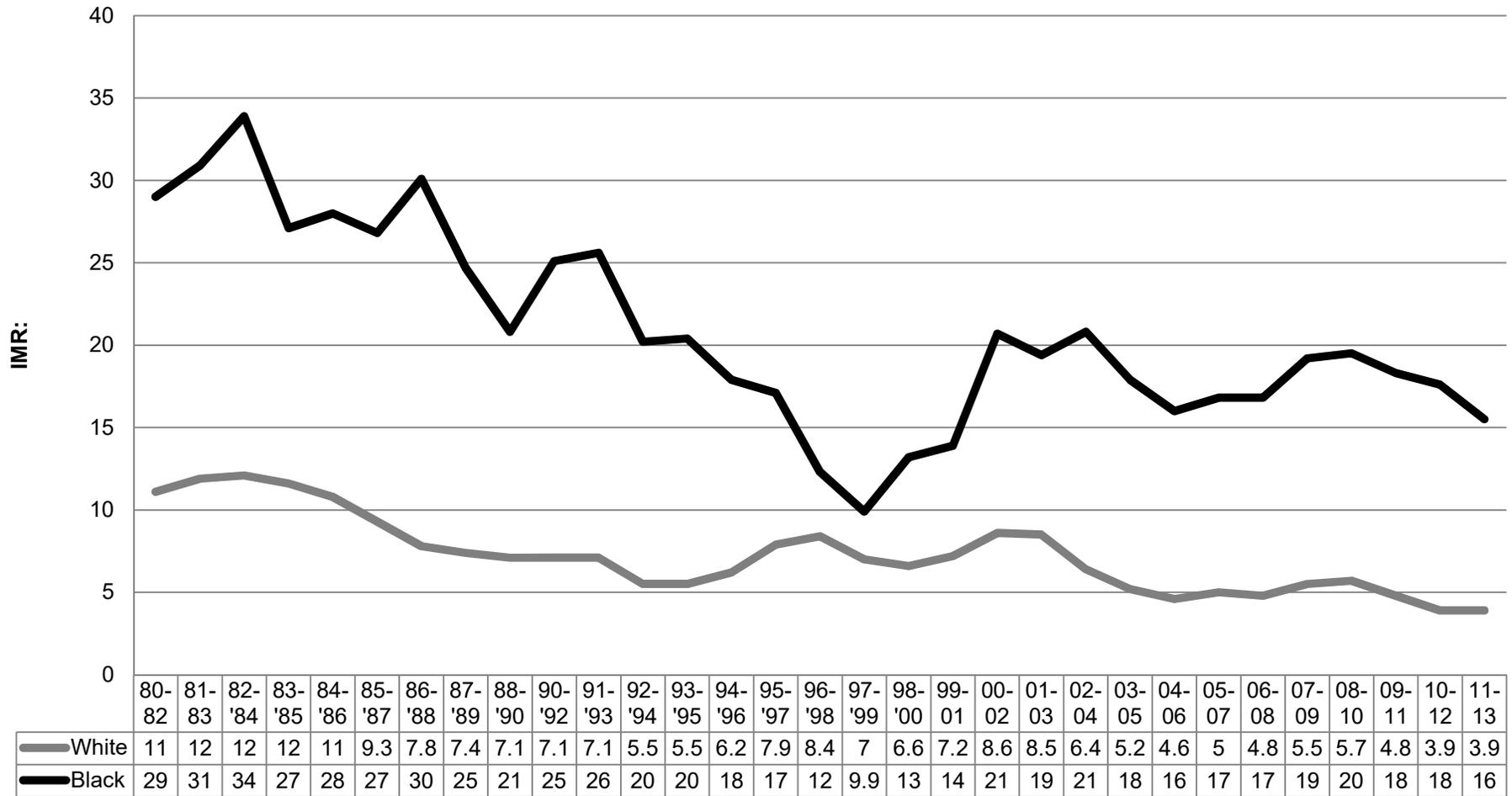


Every Baby Matters...

- White, Black, Brown, or Yellow
- Rich or Poor
- Rural or Urban
- From the North, South, East or West
- Republican or Democrat
- From a family that is “Right-to-Life” or “Pro-Choice”
- Citizen or Immigrant
- Teen or Older Mom
- Whether or not Mom uses drugs, drinks Alcohol, or smokes cigarettes
- College graduate or not, your position **MUST** be that...

Any baby who takes his or her first breath within the borders of Alabama is your responsibility and you can and must do better!

Kalamazoo County IMR, 3-year aggregates, from 1980-2013, by Black, White Race



Community-Oriented Obstetrical Care (COOC)



“The only thing necessary for the triumph of evil is for good men and women to do *(and say)* nothing.”

Edmund Burke



...because 400 years is enough

Other stuff:

I have not talked about:

- **Access to care**
- **Family Planning**
- **Safe Sleep**
- **Breast Feeding**
- **Preconception/inter-conception Care**
- **Decreasing teen pregnancies**
- **Eliminating smoking and drug use during pregnancy**
- **Fatherhood involvement**
- **Progesterone**
- **Group Prenatal care**
- **Perinatal Regionalization**
- **Community Health Workers**
- **WIC**
- **Collective Impact (essential)**
- **Racism (not enough said during this talk)**
- **FIMR/CoIIN/CIC**
- **Etc.**

Please know all of these and many many others are extremely important and they all represent interventions you should be doing.



July, 2013:
Sickened by
the acquittal of
Trayvon
Martin's killer,
labor organizer
Alicia Garza
wrote, "I
continue to be
surprised at
how little
**BLACK LIVES
MATTER.**"



Little Black Lives Matter....too

It always seems
impossible
until it's done.

--Nelson Mandela
1918-2013





Thank you



Questions?

Contact information:

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